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ABSTRACT

The curriculum presents concepts and skills needed by special education assistants to implement early intervention programs for handicapped students (birth to 6 years old). Included are an instructor's guide, objectives, outline, references, handouts, worksheets, suggested assignments and suggested test questions for the following 13 units: overview of development; overview of program implementation skills; principles of instruction; gross motor development; perceptual motor development; fine motor development; cognitive/adaptive skills; communication development; self help skills; socialization; family involvement; interpersonal skills; and current issues and trends in special education. (CL)

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TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX:

A CURRICULUM

Experimental Edition
1978

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MODEL INFANT AND TODDLER PROJECT

Department of Psychiatry

Dartmouth Medical School

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The Curriculum would not have been possible without the help of the students to whom it was taught and their field supervisors. Their ideas and suggestions were important in determining its present form.

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TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

INTRODUCTION

OVERVIEW

Teaching Preschool Special Education Assistants to Work with Children from Birth to Six is a curriculum presenting the concepts and skills needed to implement preschool programs under professional supervision.

The *Curriculum* was developed by specialists at the Model Infant and Toddler Project, part of the Department of Psychiatry at Dartmouth Medical School. It contains 13 units, each unit having an Instructor's Guide, Objectives, Outline, References, Handouts, Worksheets, Suggested Assignments and Suggested Test Questions. It is designed to be taught by the team of professionals which serves most early intervention programs. *Curriculum* implementation involves both didactic instruction and supervised practicum experience.

There are many potential uses for the *Curriculum*. However, the students for whom it was written are high school graduates who have the aptitude and interest to pursue an associate degree.

CURRICULUM DEVELOPMENT

The *Curriculum* was developed over a three-year period through a grant from the U.S. Office of Education, Bureau of Education for the Handicapped, with matching monies from New Hampshire and Vermont.

The project staff, representing the disciplines of Child Development, Occupational Therapy, Physical Therapy, Psychology, Social Work, Special Education and Speech Pathology, prepared materials in 1975-76 to teach the two paraprofessionals employed by the project.

A revised curriculum was presented in 1976-77 to two new paraprofessionals on the project staff.

During 1977-78, a third revision was taught to six persons employed as special education assistants in agencies in Vermont and New Hampshire. Evaluation by the students, field supervisors, and instructors; and suggestions from reviewers, Dr. Fred D. Carver, University of Southern Illinois at Edwardsville, Dr. Richard F. Antonak, University of New Hampshire, Dr. Verna Hart, University of Pittsburgh, and Ms. Iris Mersky, Vermont Department of Education, contributed to a fourth revision.

The project staff now believes the *Curriculum* is ready for dissemination and more extensive experimental use. We hope you will share your experiences with the Curriculum and give us suggestions for its improvement. The form on page 13 is included to facilitate your evaluation.

CURRICULUM AUTHORS

The authors of the Curriculum have had several years training and experience in working with young children with handicaps and their families. As you will notice, each unit identifies the "primary" author(s). This is so indicated because several individuals were involved in planning many units. For each unit, however, a primary author(s) was responsible for developing the unit components.

CURRICULUM RATIONALE

In recent years several factors have influenced educational services provided for children with exceptionalities. Major legislative efforts and public concern have produced a sharp increase in the number and range of handicapped children who must now be offered services. Along with this growing population of children eligible for public education, there is an emphasis on integrating children into less restrictive classroom placements. Such integrating efforts have also supported the concept of individualization so that educational programs are designed to meet children's specific needs.

These trends directly affect the preparation and utilization of personnel. The use of paraprofessionals is one successful way of expanding educational services to reach more children in varied settings for less cost. There are many studies indicating that paraprofessionals are able to provide quality instruction to children with a variety of handicaps (Fafard, 1977). In fact, the assistant is often viewed as the primary service provider with the teacher now assuming greater responsibility for assessment; data collection and interpretation; preparation of the individual educational program, and management of its implementation through and with paraprofessionals, other support personnel, and parents who are involved in their child's program (Dory and Pickett, 1977). If the assistant is to be an effective service provider, s/he must be taught the knowledge and skills to successfully implement educational programs with minimal supervision.

The need for qualified assistants is particularly evident in early intervention programs, many of which are home-based with the assistant instructing the child and parent. Without on-site professional supervision, it is essential for the assistant to be able to correctly present activities, observe the child's responses, instruct the parent, and suggest program modifications to the supervisor.

It is the opinion of The Model Infant and Toddler Project staff that preschool special education assistants can be effective service providers with minimal supervision if they are taught to demonstrate the following:

Knowledge

1. S/he understands current issues and trends in special education.
2. S/he is familiar with the developmental sequence and remedial considerations in major areas of development.
3. S/he is familiar with exceptionalities and has an awareness of their causes and ramifications.
4. S/he understands the basic components of instructional programs.
5. S/he is familiar with typical concerns in families having a child with a handicap.
6. S/he is familiar with techniques for effectively communicating with others.

Skills

7. Given basic factors about the child's functioning, s/he is able to anticipate what general problems to expect and use that information in planning and implementing activities.
8. Given prescribed educational objectives, s/he is able to develop and implement appropriate activities and provide a rationale for their selection.
9. S/he is able to objectively observe the child's responses, report the child's difficulties, and make program modifications with supervisor's approval.

10. S/he is able to explain and demonstrate to caregivers activities to be implemented in the home.

11. S/he is able to resolve basic problems with caregivers regarding home programming.

The Curriculum is designed to teach the above knowledge and skills.

References

Dory, F.J. & Pickett, A.L. Task analysis for paraprofessionals working with severely/profoundly handicapped children and in "mainstream" classroom and career ladders and lattices for paraprofessionals in special education. City University of New York: New Careers Training Laboratory, 1977.
Fafard, M. Paraprofessional movement in special education: historical perspective. City University of New York: New Careers Training Laboratory, 1977.

ASSUMPTIONS RELATING TO EARLY CHILDHOOD SPECIAL EDUCATION REFLECTED IN THE CURRICULUM

Child Development

1. In order to recognize delayed or atypical development and plan appropriate intervention, a solid understanding of normal child development is essential.

2. Children with handicaps are first and foremost children; most of their interests and needs are common to all children even though their rate of growth may be altered or their problems require special assistance.

3. The whole child should be considered. Although developmental problems may be manifest in primarily one or two areas, all areas should be considered as they are interrelated and contribute to the child's total functioning.

4. Intervention as soon as a delay or problem is suspected is important in fostering the most normal course of development possible.

Family Involvement

5. Involvement of and support for the family is crucial to the effectiveness of the child's program.

6. Parents are the primary teachers of their children. Specialists and assistants need to help parents understand how to work with their child on a daily basis.

7. Active involvement of parents encourages them to become better advocates for the rights of their child and for all persons with handicaps.

Program Implementation

8. A team of specialists is the most effective means of assessing and planning for the child's needs in all areas of development. A qualified assistant, with ongoing professional supervision, may effectively implement a program.

9. One person, with supervision/consultation from all staff members, should be the primary contact and worker with the child and family. A stable, consistent relationship often facilitates basic trust and coordination of

program goals, thus providing a framework for more rapid developmental progress.

10. The child learns by doing and must initiate some activity. In order to design a viable program, the child's strengths and interests must be considered, as well as his/her deficits and needs.

11. Two major concerns underlie all programs: goals and activities must be functional to the child in his/her everyday environment and should be designed to foster maximum independence.

12. Activities should be designed to simultaneously meet goals in several developmental areas. This maximizes the child's opportunity to learn new skills.

13. Programs should be flexible. The appropriateness of center or home-based involvement will depend on the family's needs and/or the child's developmental problems. Also, group as well as individual sessions are important for the toddler and preschool child. This allows new skills to be practiced in various settings and a smooth transition made to other programs.

14. Evaluation is an ongoing process. Collecting data on a regular basis is necessary to monitor the child's program and to determine whether the nature or direction of the child's goals and activities should be changed

CURRICULUM USES AND MODIFICATIONS

Three major suggested uses of the Curriculum are preservice/inservice education of preschool special education assistants, preservice education of persons preparing for professional careers in working with young children with handicaps, and inservice/workshop education of professionals.

Teaching Preschool Special Education Assistants

Paraprofessionals are the student population for whom the Curriculum was designed. Students most likely to benefit from this instructional program have the following characteristics:

1. High school graduate
2. Aptitude and interest to pursue an associate degree
3. At least one post high school structured learning experience
4. Ability to read material and find pertinent information
5. Ability to understand written questions
6. Ability to respond in writing to questions
7. Ability to take notes on oral and written material

Since the Curriculum is lengthy and comprehensive, it is important that potential students see definite advantages to completing it. Without incentives of increased responsibility and increased salary, there will be little motivation for paraprofessionals to work through the program of study.

The Curriculum could easily form a component of an associate degree program. The didactic portion, involving approximately 150-170 hours of instruction, could be divided into three courses:

- Child Growth and Development: Birth to Six
- Introduction to Early Childhood Special Education
- Methods in Early Childhood Special Education

Additional credit should be awarded for the practicum experience.

The Curriculum was designed to teach special education assistants how to work with children from birth to six with a variety of disabilities. If the students work with a homogeneous group of children, all unit components should be modified to provide more exposure to the needs of the children they serve.

If the Curriculum units are taught in isolation, the instructor will have to match the material to the background knowledge and skills of the students; the present content, particularly that dealing with remediation, builds on information covered in previous units.

Teaching Students Preparing for Professional Careers

Components of the Curriculum, particularly the Handouts, Worksheets, and Assignments, could be incorporated into preservice courses preparing persons for professional careers in working with young children with handicaps. The use of these materials could assist the students to gain greater knowledge of all areas of development and greater skill in planning remediation across developmental areas.

Teaching Professionals

Many professionals working with young children with handicaps seek additional training in understanding children's needs and implementing programs in all areas of development. Those units of the Curriculum appropriate for a group's needs could be adapted for inservice/workshop education for a professional audience.

CURRICULUM CONTENT

RATIONALE FOR UNITS

The content of each of the fourteen units has been designed to reflect the Curriculum Rationale and the Assumptions Relating to Early Childhood Special Education discussed earlier.

Because normal growth and development serves as important background information when studying or planning for delayed or atypical development, a strong component of normal developmental trends is included in Units 1, 4, 5, 6, 7, 8, 9, 10. With an appreciation of normal development and the interrelationships of developmental areas, the assistant will be better able to plan activities which address a child's developmental needs and which consider the total child.

Because it is often the assistant's responsibility to translate prescribed objectives into educational programs, background material regarding instructional considerations is presented in Units 2 and 3. This information serves as a framework on which the development/remediation component of Units 4, 5, 6, 7, 8, 9, 10, is based. Specific guidelines and considerations important to intervention in each developmental area are presented in Units 4, 5, 6, 7, 8, 9, 10. The worksheets and handouts supplementing these units provide opportunities to apply the concepts to instructional situations. These units also expose the assistant to the team of specialists generally involved with young children having disabilities, and encourage him/her to design activities which simultaneously address objectives in several developmental areas.

Since working with families is often a part of preschool programs, Unit 11 familiarizes the assistant with concerns of families having young children with disabilities and with important considerations when teaching them how to implement activities in the home.

Learning effective communication skills so that the assistant can share ideas and solve problems with families and other professionals is presented in Unit 12. Such skills should enhance the assistant's ability to exchange information meaningfully.

In order to relate educational services to current trends in special education, Unit 13 discusses some contemporary issues which have influenced the delivery of services to preschool children having disabilities and their families. This material helps to summarize the entire content of the Curriculum.

UNIT COMPONENTS

Each unit contains the following components:

Instructor's Guide - The Instructor's Guide provides general information related to teaching the unit: prerequisite skills for instructor and student, time requirements, materials needed, physical arrangements suggested.

Objectives - The objectives for each unit reflect the Curriculum Rationale Assumptions Relating to Early Childhood Special Education discussed earlier. They relate 1) to skills which, within the context of good professional practice, a qualified assistant could be expected to perform, and 2) to knowledge which enables the assistant to demonstrate these skills in a variety of situations. The Curriculum assumes the professionals will determine the individual educational plan for the child and the assistant will implement this plan through appropriate selection of activities, methods, and materials with ongoing professional supervision.

Outline - The outline suggests to the instructor the topics and sequence we found useful in presenting the unit. References relating to each major section of the outline enable the instructor to quickly select pertinent material for review.

References - The references listed are those used by the authors in preparing the units.

Handouts - The handouts contain supplementary information. It was often difficult to find readings for the student which succinctly presented essential information in readable form. The handouts summarize the concepts important for the student's understanding of the unit.

Worksheets - The worksheets give students the opportunity to practice skills in class. It is essential for students at this level of training to initially have directed practice applying the skills in the same manner as one expects on assignments and tests.

The progression suggested in the Curriculum is first to discuss that handout which is a completed sample worksheet and second to have the students complete the worksheet in class, discuss it, and get feedback from the instructor. They will then be ready to independently complete a similar sheet as assignments.

Suggested Assignments - The assignments consist of readings and written activities. A list of suggested books to complete the Curriculum assignments is on page 14. The activities are questions taken from the readings and handouts, or directions for application of skills discussed in class. Each assignments activity related to the objective number in parentheses following the activity. A student's performance on the activities is one method of evaluating student progress in the Curriculum.

Suggested Test Questions and Demonstrations - The test questions and demonstrations provide another measure of student progress in learning the course content. They can be used both as pre-instruction and post-instruction tests. There is no reliability or validity data on the test items. However, attempts were made to word test questions so that knowledge rather than test taking skill was needed to answer correctly. Each test question relates to the objective number in parentheses following the question. The Curriculum contains one copy of the test for student use and another copy with examples of correct answers for instructor use.

IMPLEMENTING THE CURRICULUM

INSTRUCTIONAL STAFF AND RESPONSIBILITIES

The instructional staff needed to implement the Curriculum are instructors, an educational coordinator, and field supervisors.

Instructors - As indicated in each unit in the prerequisite skills for the instructor, it is important that a specialist in that area teach the unit. This both assures the quality of the material presented and makes possible the use of many concrete examples and demonstrations of each concept. We recommend having the following specialists participate in the instruction:

Child Psychologist
Occupational Therapist
Physical Therapist
Social Worker
Special Educator
Speech Pathologist

Responsibilities - 1) Provide didactic instruction for unit
2) Grade student assignments for unit
3) Grade student test for unit

Educational Coordinator - One specialist/individual should be designated as overall coordinator for Curriculum implementation. With his/her knowledge of instructional principles and methods, the Special Educator is usually the appropriate person for this role.

Responsibilities - 1) If necessary, contract with needed specialists.
2) Arrange the teaching schedule.
3) Coordinate the instruction by other specialists.
    a) Discuss the philosophy of Curriculum content

with the instructors and work with them to plan consistent presentation of this philosophy.

  - b) Work with the instructors on consistency of unit presentation so that although the content of each unit varies, the method of presentation (e.g., remediation worksheet format) is similar.
  - c) Review teaching techniques with instructors as needed.
  - d) Attend occasional lectures both to understand each instructor's style and to insure consistency of unit presentation.
  - e) As needed, work with specialists on grading assignments and test questions.

4) Coordinate the work of the field supervisors.
  - a) Provide initial orientation to the field supervisors on their role.
  - b) Meet with field supervisors periodically (at least 3-4/year), perhaps as a group, to discuss concerns, obtain feedback on students' performance, and get suggestions for the educational program.
  - c) Work with the field supervisors on using the Practicum Performance Rating (discussed under Evaluation).
  - d) To the extent possible, provide that additional training to the field supervisors which they request.

5) Coordinate student participation in educational program.
  - a) Meet regularly (at least monthly) with students in their practicum setting to discuss concerns, observe student performance, and get suggestions for the educational program.
  - b) Assume major responsibility for evaluation of student achievement.

6) If necessary, negotiate college credit for Curriculum completion and negotiate the relationship of its completion to state requirements for certification of paraprofessionals.

Field Supervisors - The field supervisors are usually the on-site supervisor for the student in his/her practicum placement. It is usually easier for both supervisor and student if the practicum placement is for training purposes only and not the assistant's regular place of employment. It is often difficult for the field supervisor to grade the student on practicum performance if s/he is involved with the student in an ongoing work relationship.

It is desirable to have field supervisors who have knowledge and skills to implement programs in all areas of development. The more knowledgeable the field supervisor, the less likely s/he will be threatened by the comprehensive training given the assistants. Inservice education for the field supervisors is often crucial in helping them expand their skills both in intervention with children and instruction of assistants. Field supervisors might view inservice education as a desirable aspect of their involvement in Curriculum implementation.

Responsibilities - 1) Provide supervision to their assistants as defined by facility policies. It is desirable that the field supervisor meet one hour/week with the assistant both for general supervision and for discussion of Curriculum issues.
2) Facilitate the student's completing assignments and practicing skills taught.
3) In consultation with the educational coordinator, complete the Practicum Performance Rating.
4) Meet regularly with the educational coordinator.
5) Facilitate student's being able to meet periodically with educational coordinator.

INSTRUCTIONAL SEQUENCE

The educational coordinator should systematically review each unit's content when planning the most effective way to sequence the learning for the prospective students. There may be components of some units which appear inappropriate for the audience being addressed. However, it is important not to teach the units in isolation since understanding some parts of the material presented in Units 4, 5, 6, 7, 8, 9, 10 is dependent upon a thorough understanding of concepts discussed in the preceeding units (e.g., Unit 7 assumes an appreciation of Units 1, 2, 3, 4, 5). Those units which can be taught independently include Units 1, 2, 3, 12, 13.

While there are many sequences which could be followed when teaching the Curriculum, we used the plan outlined below and felt it to be effective. It introduces background information about young children, parent/child interaction, and exceptionalities; and then focuses on important considerations when planning and implementing children's programs. With this background, important aspects of normal and delayed/atypical development are discussed. After an overview of each developmental area is presented, instruction focuses on remediation. Important instructional principles to consider when working with children are first reviewed. Then, remedial guidelines and considerations in each area of development are presented and applied. Working with families and parent teaching are discussed after the students have completed the remediation material. Developing communication skills so that students can more effectively exchange information and solve problems is then presented. To summarize the Curriculum's content, discussion of some current issues and trends in special education is included.

The sample instructional sequence is as follows:

Unit	Outline Topics Covered
Orientation	I, II, III, IV
Overview of Development: Normal & Exceptional	I, II, III
The Child with a Handicap and the Family	I, II
Socialization	I, II, III, IV, V, VI
Overview of Program Implementation Skills	I, II
Gross Motor Development	I, II
Perceptual Motor Development	I, II, III
Fine Motor Development	I, II, III
Cognitive/Adaptive Development	I, II, III
Communication Development	I, II, III, IV, V
Self-Help Skills	I, II
Basic Principles of Instruction	I, II
Gross Motor Development	III
Perceptual Motor Development	IV
Fine Motor Development	IV

Unit	Outline Topics Covered
Cognitive/Adaptive Development	IV, V, VI
Communication Development	VI
Self-Help Skills	III
Socialization	VII, VIII, IX, X
The Child with a Handicap and the Family	II, III, IV, V, VI
Interpersonal Skills	I, II, III, IV, V, VI
Current Issues and Trends in Special Educ.	I, II, III, IV

CONSIDERATIONS IN HELPING STUDENTS LEARN MATERIAL

1. Provide examples - The students need concrete examples of the concepts presented in order to better remember them and more easily generalize their use.

2. Provide directed practice - The instructor should make sure that all knowledge and skills required on assignments and test questions/demonstration are presented and discussed in class. The Curriculum helps achieve this in several ways. Worksheets for students to complete in class before independently attempting a similar assignment activity is provided. The instructor outline suggests having students practice in class those skills tested by demonstration. Many test questions have parallel assignment questions.

3. Provide a glossary - The lecture and unit material will contain terms unfamiliar to the student. Many lecture outlines suggest defining terms at the beginning of the lecture. A glossary of terms the instructor believes important would be useful reference for the student to have as a Handout.

4. Give students a brief outline for notetaking - Students at this level of training often lack skills in taking notes and organizing materials. By providing them with an outline containing the main lecture topcis with space underneath to write notes, one facilitates the students having more useful notes for later reference.

5. Give the unit tests as pretests - Analyzing the students' performance on unit pretests can suggest those objectives about which the students already are somewhat knowledgeable and those about which the students need more intensive instruction and review.

SUGGESTED PROCEDURES FOR INVOLVING STUDENTS IN INDIVIDUAL INSTRUCTIONAL SITUATIONS

We found this form, pages 15 - 16,useful in determing with the student when s/he was ready to assume more responsibility for program implementaion for an individual child. The steps are generally sequenced from lesser to greater responsibility.

GENERAL CURRICULUM MATERIALS

Handout I on page 17 summarizes major developmental milestones. When completting the remediation sections of various units, students can use this as a reference in planning appropriate activities for a child of a given developmental age.

Handout II on page 22 summarizes the effects of disabilities in a given developmental area on other developmental areas. Lecture outlines for units addressing developmental areas suggest referring to Handout II in the introductory part of the lecture.

Activity Sheet I on page 25 is to be duplicated and given to students for completing assignment activities involving planning for individual children. The number needed for each student is indicated in the unit Instructor's Guide.

Activity Sheet II on page 26 is to be duplicated and given to students for completing assignment activities involving planning for small groups of children. The number needed for each student is indicated in the unit Instructor's Guide.

EVALUATION

EVALUATION OF STUDENT ACHIEVEMENT

We found it useful to evaluate student achievement with the following three methods. In order to satisfactorily complete the program, a student was required to achieve 80% of total possible points in each of these areas.

Assignments 30%

Each assignment activity was given a point value depending on its length and difficulty. The completed activity was graded as either correct or incorrect. Students had one opportunity to redo for full credit assignments done incorrectly. Facilities using the Curriculum should decide whether or not to permit students to redo incorrect assignments and the amount of credit received for those redone.

Tests 35%

A student was required to pass 80% of the test questions in order to pass the test. We allowed students who did not pass the test the first time to have two additional opportunities to take the test for full credit. Facilities using the Curriculum should decide whether or not to permit students to retake the test, the number of retakes permitted, and the amount of credit given on a second or third attempt.

Practicum Performance 35%

The educational coordinator should provide oral and written feedback to the student each time s/he observes the student working in the facility. For the formal evaluation of practicum performance, we used the rating scale contained on pages 27 - 32. The rating scale can be used at various times to measure student progress and suggest areas for growth. The items are generally sequenced in developmental progression; earlier items in each section would usually be achieved before later items.

EVALUATION OF CURRICULUM IMPLEMENTATION

The Curriculum implementation can be evaluated in several ways.

Evaluation of Unit Presentation

A brief form asking the student to rate various aspects of the presentation, e.g. lecture, discussion, audio-visual materials, worksheets, provided useful information to the instructor.

Evaluation of Students' Increase in Knowledge

The unit tests can be given as pretests with post test scores suggesting the students' increase in knowledge as a result of instruction. In using this method of evaluation, it is important to remember that there are no reliability or validity data on the test items.

Evaluation of Students' Increase in Skills

The Practicum Performance Rating can be given at the beginning of the educational program with end of program scores suggesting the students' increase in skills as a result of instruction. In using this method of evaluation, it is important to remember that here are no reliability or validity data on the rating scale.

CURRICULUM EVALUATION

Person Completing Form______________________________

Facility________________________Position____________

Address______________________________________

Telephone__________________Date__________________

Please give a brief description of the students with whom you have used the Curriculum.

General educational background:

Preservice_________Inservice_________

Number in group_________

Ages____________________

College credit for participation? Yes____ No____

What units of the Curriculum were taught? All_______

Selected unit (please list)______________________________

What do you feel are the strengths of the Curriculum?

What do you suggest for improving the Curriculum?

Please rate the overall usefulness of the Curriculum

Low		Medium		High
1	2	3	4	5

Thank you for your help. Please return to Dr. J.B.E. Nadeau
Dartmouth Medical School
Hanover, New Hampshire 03755

Books that are suggested for the student to purchase include:

Connor, F.P., Williamson, G.G. & Siepp, J.M. Program guide for infants and toddlers with neuromotor and other developmental disabilities. New York: Teachers College Press, 1978.
Eisenon, J. Is your child's speech normal? Reading, Ma.: Addison-Wesley, 1976.
Smith, R.M. & Neisworth, J.T. The exceptional child. New York: McGraw Hill, 1975.

Books/Journals that are suggested for the sponsoring facility to purchase and make available include:

Adler, R. Confidence in communication. New York: Holt, Rinehart, Winston, 1977.
Bee, H. The developing child. New York: Harper & Row, 1975.
Chess, S., Thomas, A. & Birch, H. Your child is a person. New York: Viking Press, 1965.
Finnie, N.R. Handling the young cerebral palsied child at home (2nd ed.). New York: E.P. Dutton, 1975.
Hatten, J. & Hatten, P. Natural language. Tucson: Communication Skill Builders, 1975.
McDonald, E.T. Understand those feelings. Pittsburgh: Stanwix House, 1962.
Pushaw, D. Teach your child to talk. New York: Dantree Press, 1976.
Teaching exceptional children, Winter, 1976, pp. 67-72.
The exceptional parent, July/August, 1974, pp. 26-29.
Warren, N.M. Caring, supporting child growth. Washington, D.C. National Association for the Education of Young Children, 1977.

If these books/journals cannot be available, the instructor should modify the suggested assignments to reflect the content of those books/journals used.

Suggested Procedure for Involving Students in Individual Instructional Situations

Student:______________________________
Child:________________________________
Supervisor:___________________________

Date Completed

1. The student and supervisor agree that s/he will become involved in child's program

2. The student reads child's folder to review the educational program

3. The student discusses child with supervisor and other professional staff at the supervisor's discretion

4. The student makes specific observations of the child's behavior under the supervisor's direction, and discusses these with the supervisor

5. The student is involved as an observer during instruction at the center. S/he receives a verbal discussion from the supervisor about the instruction (i.e. how the activities are helping to meet program goals). The student records his/her observations of the instructional session and discusses this with supervisor

6. The supervisor and student determine a specific activity the student will present to the child. The student writes an appropriate instructional objective and procedure for this activity. This is discussed with and approved by the supervisor prior to its presentation. The student presents this specific task to the child, records the child's response, and charts it in the child's folder. The supervisor observes, offers support, and provides feedback about the student's performance

7. The student repeats step 6, increasing the number of activities presented until s/he is responsible for 5 activities or approximately half of the instructional session

8. If appropriate, program implementation takes place in the home for one or two sessions. The supervisor works with the child while the student records relevant data. Any specific problems unique to the home setting are discussed and incorporated into the program

9. The student is able to function more independently in program implementation. S/he continues to implement five or more specific activities with the child, is responsible for organizing materials prior to the session, presenting the tasks, and recording relevant data. S/he is able to judge when to expand and modify tasks. The supervisor observes, gives feedback and/or offers suggestions when needed. Program changes are made under the supervisors direction and supervision

10. The student exchanges information with the parent about the child's performance. The supervisor facilitates parent-student interaction and program collaboration during the session. The student keeps abreast of parent/child concerns, family needs, etc. through discussion with supervisor and/or other professionals

11. If appropriate, the student plans and writes up the home activity for the child with the supervisor's approval. S/he explains and demonstrates the activity to the parent, allows the parent to practice, and offers any needed suggestions

Date Completed

12. The student assumes independent responsibility for organizing materials, presenting the activities, recording relevant data, and providing objective observations about the child's performance. The supervisor periodically monitors the student to provide constructive feedback. Program changes are made with supervisor's approval................

13. The student offers objective comments at case conferences and at other meetings concerning the child...

SEQUENCE OF NORMAL DEVELOPMENT

HANDOUT I

AGE/MONTHS	GROSS MOTOR	FINE MOTOR	COGNITIVE/ADAPTIVE	COMMUNICATION	SOCIALIZATION	SELF-HELP
4 months	-In prone, lifts head to 90° angle. -In supported sitting, head steady but set slightly forward.	-Head & arms symmetrical in midline when in supine. -Hands come to midline when in supine. -Brings object to mouth when placed in hand. -Reaches for object on table when supported in sitting.	-Waves, bangs, shakes & mouths objects. -Visually follows objects. -Glances from one object to another. -Head follows dropped toy & lingers at point of disappearance.	-Makes noises, especially when alone. -Turns head deliberately toward source of sound.	-Indiscriminate attachment to caregivers. -Social smile. -Working on developing sense of trust. -Laughter appears.	
6 months	-Rolls from stomach to back, back to stomach. -Sits briefly by propping forward on extended arms.	-Palmar grasp of cube. -Reaches for & grasps object at midline. -Grasps & holds one block & reaches for another.	-Manually & visually inspects objects. -Repeats hand movements systematically to keep object active. -Notices when toys are gone.	-Enjoys & vocalizes to mirror image. -Initiates making sounds directly at people. -Responds in different ways to friendly & angry tones.	-Shows pleasure, fear, distress, sometimes anger. -Differential social responsiveness.	-Pats or puts hand on bottle. -May push spoon away or help it to mouth.
9 months	-Sits steadily without arm support, 10 min. -Assumes hand/knee position. -Crawls on floor by pulling body with arms. -Placed in standing, holding onto furniture, supports full body weight on feet.	-Radial digital grasps beginning. -Transfers objects from one hand to another. -Crude release of objects. -Accurate unilateral reaching. -Pulls large peg from pegboard.	-Retrieves totally covered object. -Pulls string to retrieve object. -Uprights objects which are presented in reverse. -Finds toy hidden under one of two screens. -Watches adult and imitates adult's actions on objects	-Imitates sounds such as cough, tongue click. -Says mama, dada without specific meaning. -Babbles with a variety of sounds. -Stops when hearing no. -Looks at simple picture, if named.	-Specific attachment, imitation of social games. -Separation & stranger anxiety develops.	-Feeds self cracker, etc. -Begins to hold own bottle.

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AGE/MONTHS	GROSS MOTOR	FINE MOTOR	COGNITIVE/ADAPTIVE	COMMUNICATION	SOCIALIZATION	SELF-HELP
12 months	-Pivots while sitting. -Stands alone momentarily, without support. -Walks with 1 hand held.	-Pincer grasp. -Digital manipulation. -Stabilizes with one hand while manipulates with other. -Releases cube into container. -Builds a tower of 2 blocks.	-Functionally uses familiar objects. -Touches mechanical toy when it ceases. -Puts round form into formboard with demonstration.	-Uses 1-4 words with consistency. -When jargoning, real words appear. -Gives up toy when asked. -Responds to "Where's mommy/daddy?" (by looking at them).	-Multiple attachments begin. -Shows affection. -Interested in other children.	-Holds own bottle well. -May be dry after nap. -Begins to help while being bathed. -Helps put arms into sleeves, legs into pants, foot into sock.
15 months	-Attains standing independently, unsupported. -Walks with stability; able to stop & start, but has difficulty with corners & sudden stops. -Walks, carrying toy. -Creeps upstairs.	-Fist grip on crayon. -Uses fingers to help turn several pages of book. -Smooth accurate reaching. -Lids off/on round boxes. -Throws small ball in general direction of adult.	-Dumps pellet from bottle. -Gives toy to adult to reactivate. -Imitates scribbling. -Seeks adult as causal agent. -Puts round form in hole when hole is pointed out.	-Uses 4-6 words, including names. -Pats correct picture in book (ie. when asked "Where's the doggie?).	-Multiple attachments. -Begins to show moods. -Uses caregiver as base for exploration.	-Finger feeds self part of meal. -Brings spoon to mouth; may turn over before getting to mouth.
18 months	-Walks fast or runs stiffly; walks sideways & backward. -Walks upstairs with 1 hand held. -Creeps backward downstairs.	-Reaches for and grasps objects at arm's length. -Uses fingers to turn 2-3 pages of a book. -Stacks 3-4 blocks.	-Spontaneously scribbles. -Imitates line stroke. -Uses trial and error to solve simple tasks.	-Gradual increase in vocabulary. -Uses real words, less gestures, to indicate wants. -Identifies 1 or more body parts.	-Multiple attachments, better coping with separation. -Pleasure & pride over mastery.	-Uses two hands to lift & hold cup without spilling. -Fills spoon; may use fingers. -Indicates wet pants by crying or patting

AGE/MONTHS	GROSS MOTOR	FINE MOTOR	COGNITIVE/ADAPTIVE	COMMUNICATION	SOCIALIZATION	SELF-HELP
18 months (Continued)	-Picks up toy & returns to standing without falling. -Steps on ball in an attempt to kick.	-Throws small ball straightening elbow & fingers when standing. -Unzips.	-Attention to 2-dimensional materials. -Places round form in hole with no help.	-Carries out 2 consecutive directions with object (ie. ball).		-Tries to wash hands and/or face. -Takes off simple articles of clothing (hat, socks, mittens).
21 months	-Walks upstairs holding rail, downstairs with hand held - two feet on each step. -Maintains squat for several mins. -Kicks ball independently with demonstration.	-Puts ring on ring stack. -Stacks 5-6 blocks. -Completes square holed pegboard.	-Starts mechanical toy independently. -Imitates vertical & circular strokes. -Uses visual foresight rather than trial & error when solving familiar problems.	-20 word vocabulary. -Imitates some 2-3 word sentences. -Imitates environmental sounds (ie. moo, buzz). -Recognizes most common objects & pictures when named.	-Beginning emergence of sense of self. -Sense of separation. -Responsive to other children.	-Handles cup well with two hands.
24 months	-Walks with heel-toe gait. -Runs well, no falling. -Jumps from bottom step, one foot leading.	-Puts simple screw device together. -Puts pop beads together. -Uses fingers to turn one page of book. -Stacks 6-7 blocks. -Zips.	-Does not attempt to stack a solid ring mixed among other rings. -Matches 2 basic colors. -Begins to use visual foresight in solving unfamiliar problems. -Completes 3-part formboard.	-Uses 2-3 word sentences. -Refers to self by name. -Follows 1 command involving a preposition (ie. put the ball in box). -Recognizes 5 body parts.	-Task is to develop a sense of autonomy. -Defiance, ambivalence. -Beginning to role play.	-Holds glass with one hand. -Fills spoon without fingers, brings to mouth without turning.
30 months	-Walks on tiptoes after demonstration. -Jumps from 12" with one foot leading. -Jumps up & down in place with both feet together.	-Digital grasp of crayon. -Snips with scissors. -Initiates activities with one hand, uses other to assist.	-Imitates horizontal & vertical strokes. -Adds chimney to block train. -Selects one basic color correctly when asked "give me the ___ one."	-Uses pronouns (not always correctly). -Beginning to use plurals. -Chooses big & little item from group of several big & little items.	-Interest in peers. -Role play. -Parallel play.	-Begins to use napkin. -Asks to go to potty. -Helps while being bathed. -Takes off pants. -Tries to undress self

AGE/MONTHS	GROSS MOTOR	FINE MOTOR	COGNITIVE/ADAPTIVE	COMMUNICATION	SOCIALIZATION	SELF-HELP
30 months (Continued)		-Strings large beads. -Unscrews lids. -Stacks 8 blocks -Throws small ball 5-7 feet.	-Gives 1 when asked "give me one block." -Matches basic shapes in a shape box.	-Selects 3 pictures of action words.		
36 months	-Balances on one foot independently for one second. -Runs smoothly on tiptoe. -Jumps from bottom step with both feet together. -Walks upstairs & downstairs without rail, two feet on each step. -Rides tricycle.	-Holds crayon with adult-type grasp. -Cuts straight across sheet of paper. -Strings small beads. -Hammers a peg toy. -Stacks 9-10 blocks. -Catches large ball. -Unbuttons large buttons.	-Imitates a cross. -Copies circle. -Classifies objects. -Nests 4 cups. -Imitates 3-cube bridge. -Aware picture is upside-down. -Names 1 color correctly. -Matches 3/4 colors. -Gives 2 when asked "give me 2 blocks."	-Tells about recent experiences. -Knows a few rhymes or songs. -Follows commands involving 3 or more prepositions. -Understands many common adjectives.	-Marked increase in peer orientation. -Parallel play. -Associative play. -Gender identity usually established. -Dramatic play.	-Feeds self with little spilling. -Few toileting accidents. -Begins to help blow nose. -Tries to comb hair. -Puts on shoes (not always correctly). -Laces incorrectly.
48 months	-Balances on one foot 4-8 secs. -Walks a balance beam, stepping off 1-2 times. -Hops on 1 foot 2-3 times. -Walks upstairs without rail, downstairs with rail, alternating feet.	-Better coordination of preferred hand. -Folds & creases paper 3 times with demonstration. -Cuts out circle. -Buttons. -Fastens snaps.	-Imitates square. -Copies square, although cornerless. -Copies circle. -Copies cross. -Names 3 colors correctly. -Puts together interlocking 3-piece puzzle. -Counts 3 objects with pointing.	-Emergence of most grammatical elements. -Understands concept of "today," "yesterday", "tomorrow." -Understands most verbs. -Asks questions (i.e., who, why). -Uses future tense. -Uses negative. -Uses prepositions.	-Peer oriented. -Leading and following. -Affection & hostility towards peers. -Task is to develop strong sense of initiative. -Many fantasy fears. -Thematic dramatic play.	-Begins to use fork. -Wipes self with assistance. -Washes & dries hands & face. -Brushes teeth. -Undresses with minimal supervision. -Laces shoes. -Begins to distinguish front & back of clothes.

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AGE/MONTHS	GROSS MOTOR	FINE MOTOR	COGNITIVE/ADAPTIVE	COMMUNICATION	SOCIALIZATION	SELF-HELP
48 months (Continued)				-Uses past tense correctly.	-Associative, some cooperative play.	
60 months	-Walks up & down stairs without support, alternating feet. -Balances on one foot indefinitely. -Skips with alternating feet. -Running broad jump 2-3 feet. -Walks on balance beam without stepping off.	-Catches large ball bounced to him/her. -Ties simple bow.	-Copies square. -Copies triangle. -Traces diamond. -Names 5 colors correctly. -Letter & number reversals common. -Begins to identify secondary colors. -Counts 10 objects with pointing.	-Gives descriptive comments while naming pictures. -Uses 4-8 word sentences. -Tells familiar story. -Describes objects. -Asks meaning of words.	-Increasing cooperative play. -Many real fears. -Frequent nightmares. -Often low frustration tolerance & anxiety about mistakes. -Dramatic play.	-Cuts with knife. -Uses straw effectively. -Full independence in toileting. -Blows nose independently. -Combs hair. -Washes self in bath.
72 months	-Hops well. -Standing broad jump 2-3 feet. -Jumps with two feet over raised rope.	-Catches ball with one hand. -Cuts on a straight line without deviating.	-Names 6 colors correctly. -Adds within 5 (i.e. 2+3, 4+1) -Puts together 12-piece puzzle.	-Mastery of most speech sounds & grammatical rules. -Understands concept of future.	-Task is mastery of real world. -Loosely organized group play with attempts to follow rules.	

INTERRELATED EFFECTS OF PROBLEMS IN DEVELOPMENTAL AREAS

Handout II

	GROSS MOTOR	FINE MOTOR	PERCEPTUAL-MOTOR	COGNITIVE/ADAPTIVE	COMMUNICATION	SOCIALIZATION	SELF-HELP
Gross Motor effects........		-Inadequate head & trunk control may limit fine motor manipulation & visually directed reaching. -Inability to prop in prone, maintain 4-point, & crawl may reduce scapular stability. -Difficulty sitting may limit bilateral manipulation of objects.	-Reduced sensorimotor experience of normal movement may limit body awareness. -Difficulty moving & exploring environment may hinder development of space perception.	-Inadequate head & trunk control & resulting lack of fine motor manipulation may limit cognitive growth gained thru exploring & acting on objects. -Difficulty moving & exploring environment may limit learning opportunities.	-Inadequate head & trunk control may interfere with coordination of respiration & phonation required for speech. -Inability to move in & explore environment may delay development of labels for spatial concepts & actions.	-Inability to move independently of caregiver may hinder establishment of separate identity & independence. -Immobility may limit play opportunities & social interaction; may reduce access to many buildings. -Awareness of physical inadequacy may interfere with self-concept & successful social interaction.	-Inadequate head & trunk control, stability & equilibrium in sitting may hinder development of feeding, dressing toileting, & hygiene skills.
Fine Motor effects........			-Inability to adequately explore environment may limit ability to gain information about objects through the senses.	-Difficulty manipulating objects in environment may limit learning opportunities. -Difficulty manipulating objects may hinder ability to demonstrate cognitive skills.	-Inadequate hand function may limit use of some communication aids (braille, signing, typing, communication board). -Inadequate fine motor control may hinder development of writing. -Inability to explore objects in environment may delay development of labels for objects.	-Inability to interact with toys may hinder play with peers. -Inability to interact with toys may result in frustration, resulting in poorly developed self-image.	-Difficulty with upper extremity control may hinder ability to manipulate feeding utensils, & may hinder development of dressing, toileting & hygiene skills.

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INTERRELATED EFFECTS OF PROBLEMS IN DEVELOPMENTAL AREAS. Handout II

	GROSS MOTOR	FINE MOTOR	PERCEPTUAL-MOTOR	COGNITIVE/ADAPTIVE	COMMUNICATION	SOCIALIZATION	SELF-HELP
Perceptual-motor effects........	-Inadequate perception of gravity & space may interfere with execution of smooth coordinated movements. -Inadequate body concept may interfere with acquisition of skilled motor activity.	-Inadequate tactile, kinesthetic, &/or proprioceptive feedback regarding movements & position may interfere with acquisition or refinement of skills. -Inadequate perception of spatial relationships may interfere with execution of coordinated movements during reaching, placement, & manipulatory tasks.		-Inconstancy of perception information may limit cognitive growth, & hinder ability to respond to surrounding events. -Difficulty making sensory discriminations may lead to inaccurate or inefficient problem-solving.		-Oversensitivity to a particular stimuli may cause behavioral problems.	-Inadequate body concept may hinder ability to manipulate limbs & garments during dressing/undressing. -Inadequate tactile/kinesthetic functioning may hinder ability to manipulate garment fastenings.
Cognitive/ Adaptive effects........	-Overall delay in learning skills may affect rate at which motor skills are acquired. -Lowered capacity for applying learned motor skills may hinder generalization of appropriate motor responses.	-Overall delay in learning skills may affect rate at which fine motor skills are acquired. -Difficulty determining alternative strategies for problem-solving may result when confronted with difficult fine motor tasks. -Lowered interest in self-directed experimentation with materials may hinder development of adequate visual-motor coordination.	-Heavy reliance on trial & error approach to learning may result in inefficient motor planning skills. -Reduced number of problem-solving strategies with tasks involving position & movement may limit effectiveness.		-Overall delay in learning skills may affect rate at which communication skills are acquired. -Heavy reliance on concrete experiences to understand abstract ideas may hinder acquisition of language concepts. -Lowered capacity for applying learned language concepts may hinder generalization of responses.	-Heavy reliance on concrete experiences to understand abstract concepts may hinder interpretation of social cues. -Lowered interest in self-directed play may hinder development of adequate play skills. -Reduced number of problem-solving strategies when faced with social problems may hinder effectiveness. -Lowered capacity for applying learned social skills may hinder generalization of responses.	-Overall delay in learning skills may affect rate at which self-help skills are acquired. -Lowered capacity for applying learned self-help skills may hinder generalization of responses.

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INTERRELATED EFFECTS OF PROBLEMS IN DEVELOPMENTAL AREAS, Handout II

	GROSS MOTOR	FINE MOTOR	PERCEPTUAL-MOTOR	COGNITIVE/ADAPTIVE	COMMUNICATION	SOCIALIZATION	SELF-HELP
Communication effects........	-Inadequate comprehension may interfere with ability to demonstrate motor skills upon verbal request.	-Inadequate comprehension may interfere with ability to demonstrate manipulative skills upon verbal request.		-Inadequate comprehension may interfere with ability to demonstrate cognitive skills upon verbal request. -Expressive language &/or oral-motor problems may interfere with ability to verbally demonstrate knowledge of abstract concepts.		-Difficulty conveying thoughts & feelings may affect peer relationships, cause frustration, or emerge as inappropriate physical self-expression. -Reliance on demonstration as way to understand rules for social games may disrupt group activities.	-Inadequate comprehension may interfere with ability to demonstrate self-help skills upon verbal request. -Inadequate oral-motor skills may hinder development of independent feeding.
Socialization effects........	-Extreme passivity may result in fear of exploration of new environment. -Impulsive behavior may result in poorly graded movements; short attention span may result in difficulty learning sequence of movements.	-Extreme passivity may result in limited manipulatory skills. -Impulsive behavior may result in poorly graded movements; short attention span may result in difficulty learning sequence of movements.	-Extreme passivity may reduce amount of stimuli received, thus limiting information gained from the environment.	-Extreme passivity may reduce exploration of objects & self-directed problem-solving. -Impulsive behavior may result in ineffective, unsystematic problem-solving; short attention span may reduce the number of strategies attemped when problem-solving.	-Extreme passivity may reduce amount of early vocal exploration & later self-initiated conversation. -Impulsive behavior may result in inefficient listening skills & difficulty following verbal directions.		-Extreme passivity may result in reliance on adult assistance. -Impulsive behavior may result in poorly graded movements; short attention span may result in difficulty learning sequence of movements.
Self-help effects........						-Inability to meet self-help needs may result in poorly developed self-image. -Dependence on family members to take care of basic needs may create stress within family. -Inadequate self-help skills may prevent participation in social, educational, and vocational events.	

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ACTIVITY SHEET I

Name:____________________________________ Date:___________________________

Description of Children: 1)

2)

3)

Instructional Activity:
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation

ACTIVITY SHEET II

Name: ______________________ Date: ______________________

Description of Child:

Instructional Objective:

Activity	Materials	Method	Position of Child and Adult	Evaluation

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PRACTICUM PERFORMANCE RATING

The practicum performance of the student can be evaluated by rating observable behaviors related to instruction received.

Consider the student's behavior when implementing children's programs in all areas of development appropriate to his/her job (gross motor, perceptual motor, fine motor, cognitive/adaptive, communication, socialization, self-help).

A four point scale will be utilized to rate the student on each behavior. The points on the scale are defined as follows:

N/A - This behavior is not included in the student's role.

1 - Skill seldom or not evident; student at beginning or early phase of instruction.

2 - Skill occasionally evident; student requires continuing demonstration and verbal instruction.

3 - Skill often evident; student needs further skill practice, refinement, or generalization to other situations; student capable of working semi-independently with ongoing supervision.

4 - Skill mastered; student capable of working independently with minimal supervision.

Space is included at the end of the form for comments and indicating any significant strengths or weaknesses.

(Dr. Richard F. Antonak, University of New Hampshire, has suggested that a context key could be used to record an added dimension of student performance. For example:

A - 1 to 1
B - small group (less than 5)
C - large group (5 or more)
D - inter-professional

On a particular skill, a student would receive one or more ratings, depending on the number of contexts in which s/he was expected to demonstrate that skill. A rating of A4, B3 would indicate that the student had mastered the skill in 1 to 1 situations, but needed further skill practice in small group situations.)

Name: ______________________ Rater: ______________________

			Rating		
Program Implementation Skills — Date					
1. Observes children's behavior and records concisely and accurately as reflected in reports to supervisor.					
2. Inferences based on observational data match those of supervisor.					
3. Incorporates information gained through observation into program planning.					
4. Given knowledge of a child's functioning, anticipates general problems to expect and plans for them accordingly.					
5. Given prescribed educational objectives, plans appropriate activities.					
6. Provides a rationale for activity selection based on the child's needs.					
7. Plan for instructional activity shows consideration of the following factors: a. prescribed objectives to be taught.					
b. appropriate instructional materials to be used.					
c. appropriate instructional methods to be used.					
d. setting to be used.					
8. Organizes material and setting prior to session.					
9. Observes any treatment precautions.					
10. Uses an appropriate position for the child who is motor impaired to complete activity.					
11. Provides initial motivation to interest child in activity.					
12. Presents activity in consistent manner.					
13. Maintains child's involvement in activity.					
14. Uses appropriate prompts when necessary.					
15. Uses appropriate cues when teaching skills.					
16. Communicates, verbally and nonverbally, at a level meaningful to the child.					
17. Responds consistently to child's behavior.					

	Rating				
Date					
18. Gives child immediate feedback regarding child's performance.					
19. Records data about child's performance on task.					
20. Reports any progress or changes in programs to supervisor on a regular basis.					
21. Provides for repetition and practice of activity.					
22. Recognizes when an activity is not accomplishing stated objective.					
23. Suggests program modifications for supervisor's approval. a. instructional methods used.					
b. instructional materials used.					
c. setting					
24. Recognizes child's interests, moods, and needs and responds appropriately. a. when introducing activity.					
b. during activity.					
25. Provides opportunities for child to generalize skills to other situations.					
26. Uses the same activity to simultaneously meet objectives in more than one developmental area.					
27. Uses the same material to accomplish objectives for children of different developmental ages.					
28. Makes and uses homemade materials when necessary.					
29. Reintroduces learned activities periodically to insure retention.					
30. Utilizes incidential situations to enhance learning.					
31. Recognizes own mistakes when implementing activities and deals with them appropriately.					
32. Given a small group of children, individualizes approach and expectations for each.					

	Rating				
Date					
33. Given a small group of children, follows supervisor's guidelines for classroom management.					

Comments:

Parent Teaching Skills

	Rating				
Date					
1. Observes parents' behavior and records accurately as reflected in reports to supervisor.					
2. Inferences based on observational data match those of supervisor.					
3. Incorporates information gained through observation into program planning.					
4. Adjusts teaching style and approach according to each family's needs, concerns, and understanding of child's problems.					
5. Given prescribed educational objectives, plans appropriate home activities.					
6. Includes family members when planning activities.					
7. Provides rationale for activity selection.					
8. Explains activities in a clear concise manner.					
9. Demonstrates to the parent how to complete the activity with child.					
10. Provides parent opportunity for practice.					
11. If appropriate, demonstrates with parent in child role as way to clarify points.					
12. Provides on-going feedback to improve parent's activity implementation skills.					
13. When appropriate, provides manageable home program for parent to follow.					

	Rating				
Date					
14. When appropriate, provides weekly activity sheets for parent to record child's performance.					
15. Allows time for questions at session's end.					
16. If necessary, decides with parent on a suitable way for siblings to spend time during parent training session.					
17. Decides with parent on a suitable home setting for parent to work with child.					
18. Uses low-cost household materials when possible.					
19. Adjusts teaching pace for family during sessions.					
20. Reports any progress or changes in programs to supervisor on a regular basis.					

Comments:

Interpersonal Skills

	Rating				
Date					
1. Listens to parents'/staff members' concerns.					
2. Initiates concerns to other staff members.					
3. When communicating concerns to staff members or supervisor, supports them with adequate evidence.					
4. Initiates concerns to parents after discussion with supervisor.					
5. Resolves problems with parents/staff members.					
6. Uses supervisor's feedback in a constructive manner.					

Comments:

Practicum Responsibilities	Rating				
Date					
1. Upholds committments.					
2. Completes assignments as scheduled.					
3. Seeks help when appropriate.					
4. Maintains confidentiality of work-related issues.					

Comments:

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

ORIENTATION

Primary Author

MARGARET E. DRISCOLL, M.Ed.

MODEL INFANT AND TODDLER PROJECT
Department of Psychiatry
Dartmouth Medical School

Instructor's Guide

Overview

This unit summarizes the organization of the training curriculum and introduces relevant concepts in special education.

Prerequisites

For the Instructor - the instructor should have a master's degree in a speciality area related to working with young children with handicaps.

For the Student - none

Time Needed

Approximately 4 hours

Materials Needed

None

Physical Arrangements Needed

None

ORIENTATION

Outline

I. Introductions

II. Training program organization and procedures
    A. Schedule
    B. Responsibilities of students, supervisors, and instructors
    C. Evaluation system

III. Paraprofessional training program rationale
    A. Factors supporting the need for trained personnel
    B. Training objectives
        1. knowledge component
        2. skills component

    References: Fafard, M., 1977.

IV. Introduction to preschool special education
    A. Brief review of relevant ideas and issues
        1. attitudes toward persons with handicaps
        2. labeling and classification
        3. services available to persons with handicaps
        4. early intervention
        5. normalization
        6. advocacy
        7. roles of various professionals and paraprofessionals
    B. Preschool special education philosophy underlying training program
        1. child development
        2. family involvement
        3. program implementation

References

Fafard, M. Paraprofessional movement in special education: historical perspective. City University of New York: New Careers Training Laboratory, 1977.

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

OVERVIEW OF DEVELOPMENT: NORMAL AND EXCEPTIONAL

Primary Author

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MODEL INFANT AND TODDLER PROJECT

Department of Psychiatry

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Instructor's Guide

Overview

This unit presents the student with basic concepts in normal and exceptional development.

Prerequisites

For the Instructor - the instructor should have a master's degree in a speciality area related to working with young children with handicaps.

For the Student - none

Time Needed

Approximately 8 hours.

Materials Needed

1. To be duplicated for each person:
    - Handout 1
    - Assignments
2. Other materials:
    - Assigned readings

Physical Arrangements Needed

None

Objectives

1. The student will be able to identify three basic principles of development.
2. The student will be able to discuss the interdependence of developmental areas.
3. The student will be able to state two reasons why the environment is important to the development of the young child.
4. The student will be able to identify six factors which may lead to handicapping conditions prenatally and postnatally.
5. The student will be able to explain why many handicapping conditions are now preventable.
6. The student will be able to explain the difference between an adventitious and a congenital handicap.
7. The student will be able to identify two characteristics of each of the major disability groups.

Outline

I. Sources of information regarding development
  A. Definitions of developmental psychology
  B. Using research methods
    1. clinical and case studies
    2. developmental and growth studies
    3. experimental studies
  C. Major theories of development

References: Bee, H., 1975, pp. 16-23, 25-45.
Hartup, W. & Smothergill, N., 1967, pp. 1-12.
Travers, J., 1977, pp. 3-26, 30-62.

II. Concepts of development (Handout 1)
  A. Assumptions about behavior
    1. behavior is meaningful
    2. behavior is purposive or goal oriented
    3. behavior is a function of a host of variables
  B. Principles of development
    1. development is orderly
    2. different systems each have their own patterns and rates of development
    3. development goes from general to specific to integrated
  C. Sources of development
    1. within the child - genetic
    2. outside of the child - environmental
  D. Variability in behavior stems from interaction between
    1. temperamental variables
    2. age and/or developmental stage
    3. environmental variables - values, contingencies
  E. Goal of development

References: Bee, H., 1975, pp. 1-16.
Chess, S., et al., 1965.
Gardner, D.B., 1964, pp. 1-78.
Safford, P.L., 1978, pp. 7-10.

III. Normal and exceptional development
  A. Interaction and interdependence of developmental areas
  B. Concept of normal development
    1. developmental stages
    2. range of normalcy
  C. Concept of exceptional development
    1. general definitions - high risk, small for gestational age, delayed, atypical, congenital, adventitious, failure to thrive
    2. implications of problems in other areas
  D. Causes of exceptional conditions
    1. preconception factors
    2. prenatal factors
    3. perinatal factors
    4. postnatal factors
    5. environmental factors
  E. Descriptions of areas of exceptionality
    1. learning
    2. physical
    3. sensory
    4. social and emotional
    5. communication
    6. multiple

References: Connor, F.P., et al.,1978, pp. 66-76.
Fallen, N.H. & McGovern, J.E., 1978, pp. 4-31, 101-119.
Hetherington, E.M. & Parke, R.D., 1975, pp. 53-80.
Illingworth, R.S., 1975, pp. 28-61.
Johnston, R.B. & Magrab, P.R., 1976, pp. 149-166.
Krajicek, M.J. & Tearney, A.I., 1977, pp. 79-88.
L'Abate, L. & Curtis, L.T., 1975.
Meier, J.H., 1976, pp. 105-109.
Menolascino, F.J. & Egger, M.L., 1978.
Safford, P.L., 1978, pp. 10-14, 39-248.
Smith, R.M., 1974 pp. 41-63.
Smith, R.M. & Neisworth, J.T., 1975, pp. 19-63, 84-88, 305-389.

References

Bee, H. The developing child. New York: Harper & Row, 1975.

Chess, S., Thomas, A., Birch, H. Your child is a person. New York: Viking Press, 1965.

Connor, F.P., Williamson, G.G. & Siepp, J. A program guide for infants and toddlers with neuromotor and other developmental disabilities. New York: Teachers College Press, 1978.

Fallen, N.H. & McGovern, J.E. Young children with special needs. Columbus, Oh: C.E. Merrill, 1978.

Gardner, D.B. Development in early childhood. New York: Harper & Row, 1964.

Hartup, W. & Smothergill, N. The young child, review of research. Washington, D.C.: National Association for the Education of Young Children, 1967.

Hetherington, E.M. & Parke, R.D. Child psychology. New York: McGraw Hill, 1975.

Illingworth, R.S. The development of the infant and young child (6th ed.). New York: Churchill & Livingstone, 1975.

Johnston, R.B. & Magrab, P.R. (Eds.) Developmental disorders. Baltimore: University Park Press, 1976.

Krajicek, M.J. & Yearney, A.I. Detection of developmental problems in children. Baltimore: University Park Press, 1977.

L'Abate, L. & Curtis, L.T. Teaching the exceptional child. Philadelphia: W.B. Saunders, 1975.
Meier, J.H. Developmental and learning disabilities. Baltimore: University Park Press, 1976.
Menolascino, F.J. & Egger, M.L. Medical dimensions of mental retardation. Lincoln, Nebraska: University of Nebraska Press, 1978.
Safford, P.L. Teaching young children with special needs. St. Louis: C.V. Mosby, 1978.
Smith, R.M. Clinical teaching (2nd ed.). New York: McGraw-Hill, 1974.
Smith, R.M. & Neisworth, J.T. The exceptional child. New York: McGraw-Hill, 1975.
Travers, J. The growing child. New York: John Wiley & Sons, Inc., 1977.

Handout 1

Overall developmental notions

1. Developmental psychology is concerned with the description and explanation of changes in an individual's behavior that are the result of the interaction between maturation and experience.
   a. information about children's development comes from several research sources: clinical and case studies, developmental and growth studies, and experimental studies.
   b. there are several theories of development. Theories are abstract sets of statements that are logically interrelated; their function is to attempt to bring order to the facts that are available, to make predictions, and to generate research.
2. Behaviors that children show are understandable, purposeful, complex and modifiable.
3. There are principles of development that seem to hold true in all areas of the child's functioning:
   a. development is orderly and occurs in a continuous sequence of stages.
   b. different parts and systems each have their own pattern and rates of development.
   c. development goes from general to specific to integrated.
4. Genetic and environmental factors interact from the child's earliest days to produce a given child's behavior and development.
   a. genetically determined factors include physical features, body proportions, maturation rate, and many aspects of mental and temperamental functioning.
   b. environmental factors include demographic variables such as economic level, ethnic group, neighborhood; child rearing philosophy and methods of the particular family; contingencies and values of the large society in which the child participates such as school, peer group, television.
5. Influences are not unidirectional: through an interactive process the child, the family, and the wider environment affect each other. Movement from one stage to another may be particularly difficult for a child with a handicap (and needs to be supported by the environment).
6. The general goal of development can most simply be said to maximize the potential of each child. Goals for children are set not only by individual parents but also by the society itself.
7. Development never occurs in a vacuum. Behavior is integrated and part of a larger whole. Development in one area, e.g. language, clearly affects development in others, e.g. socialization.
8. Normal development implies sequential steps within each area. The normal range for the development of specific skills differs. Young children's growth normally proceeds in spurts and plateaus.

OVERVIEW OF DEVELOPMENT: NORMAL AND EXCEPTIONAL

6.

Suggested Assignments

Readings:
Smith, R.M. & Neisworth, J.T., 1975, pp. 19-63, 84-88, 305-389.

Activities:

1. Give two reasons why environmental stimulation is important to the development of a very young child. (3)

2. Give two characteristics of an environment that would probably be detrimental for stimulating optimal development. (3)

3. Make a table that lists six factors that can occur in a woman which might lead to possible problems for a child she bears. Beside each factor indicate a suggestion which might prevent the problem. (4,5)

4. What has occurred during the last 30 years which has equipped us to prevent many handicapping conditions in early childhood? (5)

5. Why are the effects of an adventitious handicap generally less profound than the effects of a congenital handicap? (6)

6. Indicate whether the following statements are true or false by checking the appropriate line.

T F

___ ___ a. Children with spina bifida can usually be taught ambulation skills with supportive devices. (7)

___ ___ b. Children who are mentally retarded proceed through the same developmental stages but at a slower rate than children who are normal. (7)

___ ___ c. Learning disabilities are more frequently evidenced in reading abilities rather than in mathematical abilities. (7)

___ ___ d. Children who are deaf make vocal sounds as infants. (7)

___ ___ e. Cerebral palsy is a problem with motor skills and cognitive skills resulting from brain damage. (7)

___ ___ f. Seizure disorders generally imply a progressive loss of cognitive skills. (7)

___ ___ g. If a child is legally blind, s/he has no residual vision in either eye. (7)

___ ___ h. Early infantile autism can be observed in a baby's responses. (7)

___ ___ i. Children with learning disabilities often show signs of problems with attention and impulsivity. (7)

___ ___ j. Less than 40% of persons who are mentally retarded are able to be employed. (7)

___ ___ k. Family characteristics do not seem to contribute to personality disorders. (7)

___ ___ l. The most common speech disorder is stuttering. (7)

___ ___ m. Young children's growth normally follows sequential steps within each areas. (1)

___ ___ n. All changes in a child's behavior are due to outside environmental influences. (3)

Suggested Test Questions

Match each principle of development to the appropriate example. (1)

a. development is orderly
b. different systems each have their own patterns and rates of development
c. development goes from general to specific to integrated

___1. After learning the word dog, a child is likely to refer to all four-legged animals as doggy.
___2. A child has to stand before s/he can walk.
___3. A child matures physically before s/he matures socially.

Indicate whether the following statements are true or false by checking the appropriate line.

T F
___ ___ 4. The volume of stimulation a very young child receives from the environment is usually more important than the range of stimulation s/he receives. (3)
___ ___ 5. In five-year-old children who are permanently disabled, the most common cause has been lack of oxygen at birth. (4)
___ ___ 6. Infants born later than their due dates are often "at risk" because of lung problems. (4)
___ ___ 7. A maternal infection occurring in the first three months of pregnancy usually causes more damage than one occurring in the last three months of prenancy. (4)
___ ___ 8. Progress in language development may slow down while a child works on walking. (2)
___ ___ 9. The developmental sequence of stages is for many children unpredictable. (1)
___ ___ 10. Development in one area is dependent on development in other areas. (2)

Suggested Test Questions

Match each principle of development to the appropriate example. (1)

a. development is orderly
b. different systems each have their own patterns and rates of development
c. development goes from general to specific to integrated

c 1. After learning the word dog, a child is likely to refer to all four-legged animals as doggy.
a 2. A child has to stand before s/he can walk.
b 3. A child matures physically before s/he matures socially.

Indicate whether the following statements are true or false by checking the appropriate line.

T	F		
	x	4.	The volume of stimulation a very young child receives from the environment is usually more important than the range of stimulation s/he receives. (3)
	x	5.	In five-year-old children who are permanently disabled, the most common cause has been lack of oxygen at birth. (4)
	x	6.	Infants born later than their due dates are often "at risk" because of lung problems. (4)
x		7.	A maternal infection occurring in the first three months of pregnancy usually causes more damage than one occurring in the last three months of prenancy. (4)
x		8.	Progress in language development may slow down while a child works on walking. (2)
	x	9.	The developmental sequence of stages is for many children unpredictable. (1)
x		10.	Development in one area is dependent on development in other areas. (2)

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

OVERVIEW OF PROGRAM IMPLEMENTATION SKILLS

Primary Author

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MODEL INFANT AND TODDLER PROJECT
Department of Psychiatry
Dartmouth Medical School

Instructor's Guide

Overview

This unit introduces the student to basic program implementation skills.

Prerequisites

For the Instructor - The instructor should have a master's degree in special education.

For the Student - The student should have completed the unit, Overview of Development: Normal and Exceptional, or its equivalent.

Time Needed

Approximately 6-8 hours.

Materials Needed

1. To be duplicated for each person:
   - Handout 1
   - Worksheets 1 - 4
   - Assignments
2. Other materials:
   - Assigned readings
   - Video tapes made at a local facility showing children performing tasks, interacting with others, etc.
   - Video tape equipment

Physical Arrangements Needed

None

Objectives

1. The student will be able to describe children's responses in behavioral terms.

2. The student will be able to explain why it is important to consider the environment as well as the child's behavior when conducting observations.

3. The student will demonstrate the ability to follow appropriate procedures when conducting observations in his/her facility.

4. The student will be able to explain how diagnostic data helps to plan and direct an educational program.

5. The student will be able to list the four components of an instructional situation:
    a. skill hierarchies
    b. methods
    c. materials
    d. setting

6. The student will be able to identify the three basic components of instructional objectives.

7. The student will be able to complete a simple task analysis.

8. The student will be able to name at least four factors to consider when selecting instructional materials.

9. The student will be able to identify one way to modify instructional materials in order to make them more appropriate for children having disabilities.

10. The student will be able to identify ways to change the direction and strength of behavior.

Outline

I. Considerations in planning an instructional program
  A. General goals of an instructional program
    1. independence
    2. normal life experience
  B. Components of an instructional situation
    1. skill hierarchies
    2. methods
    3. materials
    4. setting
  C. Teacher's role and attitude
  D. Relevance and practicality of the program to the child and family

References: Smith, R.M. & Neisworth, J.T., 1975, pp. 206-208.
Smith, R.M., Neisworth, J.T. & Greer, J.G., 1978, pp. 51-87.

II. Overview of basic instructional concerns
  A. Observation
    1. definition of terms
    2. general purposes of or reasons for recording observations
    3. steps in the process of observation
    4. types of observation methods
    5. application of steps and types (Videotapes)

References: Axelrod, S., 1977, pp. 80-89.
Barnard, K.E. & Erickson, M.L., 1976, pp. 99-111.
Cartwright, C.A. & Cartwright, G.P., 1974, pp. 1-168.
Rowen, B., 1973, pp. 101-173.
Fry, B. & Hovell, C., 1975, pp. 84-95.

B. Assessment
  1. definition of terms
  2. components of assessment
    a. child's performance and style of functioning
    b. environment
    c. family's observations
  3. types of assessments
  4. need for ongoing evaluation data

References: Fallen, N.H. & McGovern, J.E., 1978, pp. 39-61.
Safford, P.L., 1978, pp. 273-280.
Smith, R.M., 1974, pp. 52-76.
Smith, R.M. & Neisworth, J.T., 1975, pp. 94-100, 107-111, 116-130.

C. Basic instructional practices
  1. goal selection
  2. instructional objectives (Worksheet 1, Videotapes)
  3. task analysis (Worksheet 2)
  4. instructional materials (Handout 1, Worksheets 3 & 4)
  5. instructional methods
  6. setting
  7. parental involvement
  8. professional resources

References: Haring, N.G. & Bateman, B., 1977, pp. 258-271.
Hart, V., 1974, pp. 3-11.
Lillie, D., 1975, pp. 16-28.
Mager, R.F., 1975, pp. 1-136.
Safford, P.L., 1978, pp. 280-287.
Smith, R.M., 1974, pp. 77-85.
Smith, R.M. & Neisworth, J.T., 1975, pp. 209-221.
Smith, R.M., Neisworth, J.T. & Greer, J.G., 1978, pp. 51-81, 127-156.
Standard criteria for the selection and evaluation of educational media and materials for the handicapped, 1976.

D. Behavior management
  1. basic assumptions of behavior management
  2. controlling function of consequences
    a. types of reinforcement
    b. schedules of reinforcement
  3. controlling function of antecedent events
  4. strategies for changing behavior
    a. strengthening behavior
    b. reducing behavior
    c. maintaining behavior
  5. importance of accurately recording child's behavior
  6. considerations in using behavior management

References: Axelrod, S., 1977, pp. 1-79.
Fry, B. & Hovell, C., 1975, pp. 71-83.
Kazdin, A., 1975, pp. 25-63.
Morris, R.J., 1976, pp. 1-107.
Neisworth, J.T. & Smith, R., 1973, pp. 43-101.
Wallace, G. & Kauffman, J.M., 1978, pp. 16-56.

References

Axelrod, S. Behavior modification for the classroom teacher. New York: McGraw-Hill, 1977.

Barnard, K.E. & Erickson, M.C. Teaching children with developmental problems (2nd ed.). St. Louis: C.V. Mosby, 1976.

Becker, W.C. Parents are teachers. Champaign, Il: Research Press, 1971.

Cartwright, C.A. & Cartwright, G.P. Developing observation skills. New York: McGraw-Hill, 1974.

Fallen, N.H. & McGovern, J.E. Young children with special needs. Columbus, Oh.: C.E. Merrill, 1978.

Fry, B. & Hovell, C. Effective approaches, a manual for teachers of handicapped preschoolers. Ottawa, Ks.: East Central Kansas Special Handicapped Project, 1975.

Haring, N.G. & Bateman, B. Teaching the learning disabled child. Englewood Cliffs, N.J.: Prentice-Hall, 1977.

Hart, V. Beginning with the handicapped. Springfield, Il.: C.C. Thomas, 1974.

Kazdin, A.E. Behavior modification in applied settings. Homewood, Il.: Dorsey Press, 1975.

Lillie, D.C. Early childhood education. Chicago: Science Research Associates, 1975.

Mager, R.F. Preparing instructional objectives (2nd ed.). Belmont, Ca.: Fearon Publishers, 1975.

Morris, R.J. Behavior modification with children, a systematic guide. Cambridge, Ma.: Winthrop Publishers, 1976.

Neisworth, J.T. & Smith, R.M. Modifying retarded behavior. Boston: Houghton Mifflin, 1973.

Rowen, B. The children we see. New York: Holt, Rinehart & Winston, 1973.

Safford, P.L. Teaching young children with special needs. St. Louis: C.V. Mosby, 1978.

Smith, R.M. Clinical teaching (2nd ed.). New York: McGraw-Hill, 1974.

Smith, R.M., Neisworth, J.T. The exceptional child. New York: McGraw-Hill, 1975.

Smith, R.M., Neisworth, J.T. & Greer, J.G. Evaluating educational environments. Columbus, Oh.: C.E. Merrill, 1978.

Standard criteria for the selection and evaluation of instructional materials. Columbus, Oh.: The National Center on Educational Media and Materials for the Handicapped, 1976.

Wallace, G., Kauffman, J.M. Teaching children with learning problems (2nd ed.). Columbus, Oh.: C.E. Merrill, 1978.

Handout 1

Considerations when reviewing curricula

- I. Layout of material
    - A. Table of contents
    - B. Organization - looseleaf, file cards, book, etc.
    - C. Code system - color, number, etc.
    - D. Teacher's guide
    - E. Expanding system (more sheets can be added) vs. restricted system

- II. Types of materials
    - A. Consumable (e.g. student workbook, etc.) vs. non-consumable.
    - B. Realistic looking materials
    - C. High quality materials

- III. Nature of material
    - A. Presentation method
        - 1. lesson plan format with specifications
            - a. instructional objectives
            - b. materials
            - c. teaching strategy
            - d. assignments
            - e. evaluation
        - 2. general activity format with same guidelines
    - B. Additional features
        - 1. answer keys for assignments and evaluation
        - 2. record keeping system
        - 3. pre-requisite skills of students for each lesson
        - 4. supplementary activities or assignments

- IV. Personal considerations
    - A. Appropriateness of
        - 1. age range
        - 2. developmental skills addressed
        - 3. teacher/student ratio needed to do program
        - 4. time per day needed to do program
    - B. Relevance in relation to
        - 1. individual needs
        - 2. group needs
        - 3. other curricula being used
    - C. Practical issues
        - 1. usefulness to other teachers
        - 2. ease in getting replacement items
        - 3. service on parts if necessary
        - 4. warranty of materials
        - 5. cost justification
        - 6. credibility of authors
        - 7. review by other professionals

OVERVIEW OF PROGRAM IMPLEMENTATION SKILLS

Worksheet 1

Instructional Objectives

Activities are designed to facilitate the development of individual student competencies. This implies that the teacher, prior to designing the task, has assessed the child's major strengths and weaknesses in order to determine a specific terminal objective. It must be evident from the onset what the child's current level of performance is, and what the desired goal will be. All objectives should be written in behavioral terms so that it is clear to everyone what the child is expected to do. When the instructional activity is precisely defined, then changes in the child's behavior can be measured. If the objective is vaguely stated, then it is difficult to determine what degree of competence is expected, and what progress or change in behavior is occurring.

All instructional objectives have three components. These include: a) the conditions, b) the standard, and c) the use of behavioral terms. In order to determine if a child has reached criterion performance, it is essential to know under what conditions s/he is supposed to achieve the goal, how well or how frequently s/he is supposed to achieve, and exactly what the desired behavior is in order to achieve.

For example, when seated at the low table across from Annie, Leigh, using her Ⓛ hand, will reach to Annie's hand, grasp a ¼" peg, and then place it independently in the pegboard. She will place 5 pegs consecutively without throwing.

Study the three components of this goal:
1) the conditions: seated at the low table across from Annie.
2) the standard: place 5 pegs independently and consecutively without throwing.
3) behavioral terms: reach, grasp, place.

Read each of the following objectives. Circle the behavioral terms. Underline the conditions. Draw a dotted line under the standards.

1) When seated at the table across from his mother, Christopher will reach across his midline at eye level with his Ⓡ hand to grasp a 3" picture card held by his mother. He will reach consecutively for 3 cards.

2) When supported in sitting between Ron's legs, Paul will independently bear weight on his extended arms for a 5 second period.

3) When supine with his head held in midline position, Brian will track 180° a 2" truck with his eyes only. His eyes will move together across his midline 3 out of 5 trials.

4) When seated at a table across from Mary, Leroy will touch his ears after Mary demonstrates the action on herself. Leroy will imitate the gesture 2 out of 3 trials.

5) When seated on the floor, Sasha will remove her sock independently. She will slide it from her heel to her toes 3 out of 5 times using two hands.

Working in pairs or individually, generate examples of instructional objectives.
1.
2.
3.
4.
5.

As a group, identify the components of each.

Worksheet 2

Task Analysis

Task analysis is a beginning step when organizing an instructional sequence. It involves the analysis of an instructional task into its specific, hierarchial component behaviors. After a complex task is broken down into smaller units, one can better identify at what point in the instructional sequence the child breaks down. Each separate skill causing difficulty can then be taught to the child in a systematic way. This procedure often helps the child more easily learn the sequence of steps involved in completing a difficult task. One must carefully record the kinds of and degree of prompting (gestural, physical) or cues used with the child during each step of the teaching process. Gradually these prompts and cues should be faded to encourage independent completion of the task. It is important to determine which will be a more effective teaching strategy - learning the sequence by working forwards or backwards through the series of steps. Sometimes it is useful to start with the final step because it is more immediately reinforcing to the child. The task is then finished or s/he has reached a familiar step and can finish the task from there. Breaking down tasks into all their important subtasks is challenging. Effective task analysis requires systematic thinking, much practice, and considerable trial-and-error.

The following exercises should develop some awareness about the ordering of steps within a particular task. For each group of behaviors, sequence the behaviors in their order of occurrence.

1. Bonnie will:
   ___ a) bring the spoon to her mouth
   ___ b) hold the spoon
   ___ c) fill the spoon with food
   ___ d) bend her arm at the elbow

2. Maurice will:
   ___ a) bring his other foot up to the step
   ___ b) move his foot up to the first step
   ___ c) stand at the steps
   ___ d) shift his weight to the other leg

3. Eric will
   ___ a) pick up the ring
   ___ b) place the ring on the post
   ___ c) reach for the ring
   ___ d) slide the ring down the post

4. Sarah will:
   ___ a) sit on the coaster car
   ___ b) push off the floor with her feet and move forward
   ___ c) shift weight in order to bring her legs around the seat
   ___ d) hold the steering wheel for support

5. Jerome will:
   ___ a) focus on the bead
   ___ b) place the strings in the bead's hole
   ___ c) find the bead's hole
   ___ d) adjust his grip on the string in order to push it through the bead's hole.

Working in pairs or individually, task analyze the following skills into at least 8 subskills: cup drinking; hand washing.

Worksheet 3

Working in pairs, list 5 - 10 guidelines important to you in choosing instructional materials. Discuss the guidelines as a group and determine the 10 most relevant ones.

Worksheet 4

Modifying Instructional Materials

Often children with disabilities have difficulty learning new skills because instructional materials are not appropriate for them (e.g. too hard to manipulate, too thin to hold, etc.). The instructor needs to modify such materials so that meaningful interaction with them can occur. Such modifications require creative thought. It is important when planning and implementing programs to make changes in materials which will help children learn more easily.

As a group, determine modifications of materials which would make it easier for young children having the stated problems to participate in learning situations. Use the last column to include other problems relevant to the students.

Materials	Delayed	Motor Impaired	Visually Impaired	Other
1) formboard	use large form pieces which are easy to manipulate to reduce child's initial difficulty when learning task.	use knobbed form pieces which require less precision in grasping and releasing.	use texture-covered form pieces; outline form spaces with tape to give child more tactile cues.	
2) pull toy	reduce string's length so child can get feedback quickly when pulling toy to him/her.	place knob on string's end so child can easily grasp it when pulling it.	place jingle bell on string's end so child has auditory cue when grasping & pulling it.	
3)				
4)		67		

Suggested Assignments

Readings:

Cartwright, C.A. & Cartwright, G.P., 1974, pp. 45-73.
Neisworth, J.T. & Smith, J.M., 1973, pp. 43-74.
Smith, R.M. & Neisworth, J.T., 1975, pp. 94-100, 107-111, 122-130, 206-208, 217-221.

Activities:

1. Given the statement "Brian is afraid of strangers," write three examples of behaviors you might observe which would support this statement. (1)

2. Why is it important to consider the environment when completing an observation? (2)

3. Plan with your supervisor a way to systematically observe the behavior of a child in your group. Complete at least 4 short observations of the child using one of the methods discussed in class. (3)

4. After completing an assessment of Carol, Mr. Crane developed an appropriate educational plan. Describe two ways in which Carol's diagnostic data helped him organize her plan. (4)

5. When planning an instructional program for Eric, Ms. Thomas first considered what skills he needed to learn. What are the three other factors she also had to consider as she planned his instructional program. (5)

6. For each of the following objectives, identify the three components listed. (6)
   - a. While straddling the roll and given support from Susan, Kenny will use his Ⓡ hand to slide 6 chips into a vertically slotted can held at eye level on his L side by Jill. He will place each chip within 5 seconds.
     - 1) behavioral terms -
     - 2) conditions -
     - 3) standard -
   - b. When asked "show me the (ball, car, spoon)," Cherly will point to the appropriate picture 3 out of 6 trials.
     - 1) behavioral terms -
     - 2) conditions -
     - 3) standard -
   - c. While sitting in his infant seat, Marcus will independently swat and bat at his mobile for a 30 second interval. The mobile will be positioned 8 inches from shoulder level.
     - 1) behavioral terms -
     - 2) conditions -
     - 3) standard -

7. Within the task of tooth brushing, identify at least 8 subtasks needed to complete the main task. Arrange these subtasks in sequential order. (7)

8. Ms. Miller is developing a toy library for her preschool program. Name four factors she should consider when selecting materials. (8)

9. What is the difference between strengthening a behavior and maintaining a behavior? (10)

10. Once a child has developed a skill, why is a random reinforcement schedule usually effective in maintaining that skill? (10)

11. Why is it important to reinforce a child immediately after s/he demonstrates an appropriate behavior? (10)

12. When walking down the hall, Shannon frequently talks when the group is supposed to be quiet. How can peer modeling be used as an effective technique to change his behavior? (10)

13. Four year old Colleen has very little useful vision. Describe one way to modify large beads to make it easier for her to learn how to put the string through the beads' holes. (9)

OVERVIEW OF PROGRAM IMPLEMENTATION SKILLS

Suggested Test Questions

List the four components of an instructional situation. (5)

1.
2.
3.
4.

For each of the following objectives, identify the three components listed. (6)

a. When asked to put on his coat, John will put it on within two minutes. He will only need assistance to start the zipper.
   5. behavioral terms -
   6. conditions -
   7. standard -
b. Martha will be able to participate for five minutes in a free play situation with one other child without hitting the child.
   8. behavioral terms -
   9. conditions -
   10. standard -

Within the task of shoe tying, identify at least six subtasks needed to complete the main task. Arrange these subtasks in sequential order. (7)

11.
12.
13.
14.
15.
16.

Indicate whether the following statements are true or false by checking the appropriate line.

T F

___ ___ 17. When attempting to change behavior it is important to consider both the antecedent events and the consequences. (10)

___ ___ 18. As soon as a child makes a correct response, change to intermittent reinforcement to make the situation like the real world. (10)

___ ___ 19. Ignoring inappropriate behavior is not a good strategy if it frustrates the child. (10)

___ ___ 20. Diagnostic data provides information about the child's rate of performing tasks. (4)

21. Give one way to strengthen a behavior. (10)

22. Give one way to reduce a behavior. (10)

23. Rebeccah has difficulty grasping and releasing. Suggest one way to modify puzzle pieces so that she can more easily place them into the puzzle. (9)

Suggested Test Questions

List the four components of an instructional situation. (5)

1. *skill hierarchies* 3. *materials*
2. *methods* 4. *setting*

For each of the following objectives, identify the three components listed. (6)

a. When asked to put on his coat, John will put it on within two minutes. He will only need assistance to start the zipper.
  5. behavioral terms - *will put*
  6. conditions - *when asked to put on his coat; assistance to start the zipper*
  7. standard - *within two minutes*

b. Martha will be able to participate for five minutes in a free play situation with one other child without hitting the child.
  8. behavioral terms - *will be able to participate*
  9. conditions - *with one other child without hitting the child*
  10. standard - *five minutes in a free play situation*

Within the task of shoe tying, identify at least six subtasks needed to complete the main task. Arrange these subtasks in sequential order. (7) *(for example)*

11. *grasp each lace (with assis.)* 14. *form a loop with each lace end*
12. *cross one lace end over other* 15. *cross loops left over right*
13. *loop one lace end under other* 16. *tightens loops to form bow*

Indicate whether the following statements are true or false by checking the appropriate line.

T F

_x_ ___ 17. When attempting to change behavior it is important to consider both the antecedent events and the consequences. (10)

___ _x_ 18. As soon as a child makes a correct response, change to intermittent reinforcement to make the situation like the real world. (10)

___ _x_ 19. Ignoring inappropriate behavior is not a good strategy if it frustrates the child. (10)

_x_ ___ 20. Diagnostic data provides information about the child's rate of performing tasks. (4)

21. Give one way to strengthen a behavior. (10) *(for example)*
  positive reinforcement, contracting, token system, low-high preference sequencing, modeling, varying reinforcement schedule, rewarding approximations.
22. Give one way to reduce a behavior. (10) *(for example)*
  extinction, time-out, punishment, reinforcement of competing behaviors, reinforcing incompatable behaviors
23. Rebeccah has difficulty grasping and releasing. Suggest one way to modify puzzle pieces so that she can more easily place them into the puzzle. (9)
  use knobbed puzzle pieces

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

PRINCIPLES OF INSTRUCTION

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MODEL INFANT AND TODDLER PROJECT

Department of Psychiatry

Dartmouth Medical School

Instructor's Guide

Overview

This unit introduces the student to basic principles of instruction. Through discussion, class activities, and assignments, the student will understand and be able to apply these principles.

Prerequisites

For the Instructor - The instructor should have a master's degree in Special Education.

For the Student - The participants should have completed the units Overview of Development: Normal and Exceptional, Overview of Program Implementation Skills, or their equivalents.

Time Needed

Approximately 6-8 hours

Materials Needed

1. To be duplicated for each person:
   - Handouts 1 & 2
   - Worksheets 1, 2, & 3
   - Assignments and Activity Sheets
2. Other materials:
   - Assigned readings
   - Slides taken at a local facility which illustrate the instructional principles described in the presentation
   - Slide projector and screen
   - Video tape, made at a local facility, showing an instructor presenting an activity to a child and the child's performance
   - Video tape equipment

Physical Arrangements Needed

A room which can be darkened for the slide presentation

Objectives

1. The student will be able to identify and explain appropriate uses of basic instructional principles.

2. The student will be able to identify general learning characteristics of children with learning problems.

3. The student will be able to explain one way s/he has incorporated each of 3 instructional principles when working with children.

4. Given descriptions of children and prescribed instructional objectives, the student will be able to suggest 2 activities for each objective which might lead to its acquisition.

5. Given instructional situations, the student will be able to identify ways to modify them and explain one effect each modification might have on the instruction.

6. The student will be able to plan, implement, and evaluate activities to meet prescribed educational objectives. S/he will also be able to suggest ways to modify the instructional situation and explain their possible effects on instruction.

Outline

I. Components of the learning process
  A. Attention
  B. Long- and short-term memory
  C. Motivation
  D. Discrimination learning
  E. Incidental learning
  F. Generalization
  G. Self-expression
  H. Teacher expectation and attitude

References: Fallen, N.H. & McGovern, J.E., 1978, pp. 63-77.
Hetherington, E.M. & Parke, R.D., 1975, pp. 153-160.
Klausmeier, H.J. & Ripple, R.E., 1971, pp. 328-339.

II. Characteristics of children with learning problems
  A. Wide variability among children
  B. Implications when planning programs

References: Neisworth, J.T. & Smith, R.M., 1973, pp. 3-17.
Smith, R.M., 1974, pp. 77-85.

III. Basic instructional techniques
  A. Teaching styles
    1. discovery
    2. expository
    3. comparison of two styles
  B. Principles of instruction
    1. learning readiness skills
    2. meaningful learning
    3. motivation for learning
    4. active participation

C. Important instructional methods (Handout 1)
  1. collect diagnostic data
  2. plan an educational program
  3. implement the program
  4. practice new learning
  5. provide group learning
  6. modify the program when necessary

D. Slides - illustration of points

E. Worksheets - application of points
  1. developing activities (Handout 2, Worksheet 1)
  2. modifying instructional situations (Worksheet 2)

F. Videotapes - application of points (Worksheet 3)

References: Engleman, S., 1969, pp. 29-60.
Fallen, N.H. & McGovern, J.E., 1978, pp. 78-97, 277-303.
Fry, B., et al., 1975, pp. 71-123.
Haring, N.G. & Bateman, B., 1977, pp. 218-274.
Klausmeier, H.J. & Ripple, R.E., 1971, pp. 379-389.
Lefrancois, G.R., 1975, pp. 109-135.
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Neisworth, J.T. & Smith, R.M. Modifying retarded behavior. Boston: Houghton Mifflin, 1973.

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Smith, R.M. & Neisworth, J.T. The exceptional child. New York: McGraw-Hill, 1975.

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Handout 1

Important Instructional Methods

1. Collect diagnostic data
   - A. Information should be collected from everyone involved with the child (e.g. family, specialists, other agencies, etc.). This information should be specific and supported by data when possible.
   - B. A medical assessment should be arranged to investigate the possibility of any physical problem which might be causing or contributing to the child's difficulty (hearing, vision, malnutrition, seizures, etc.).
   - C. A thorough assessment incorporating input from all team members will help determine the child's approximate developmental level. If the child's level of performance is determined then a program designed to meet his/her individual needs can be organized.

II. Plan an educational program
   - A. It is important to consider what skills the child has as well as what skill areas are posing difficulty.
   - B. Appropriate long-term objectives should be developed in all areas of need.
   - C. All the sub-skills needed in order to achieve the long-term goals should be determined through the use of task analysis. The child's ability to perform each of these sub-skills should be observed to determine the child's current level of performance.
   - D. Based on the child's performance on each of the sub-skills, appropriate short-term goals should be defined. These short-term goals should lead to the acquisition of the long-term objective.
   - E. Short-term objectives should include:
     1. the desired behavior of the child
     2. the conditions under which the behavior should occur
     3. the criteria level needed for completion
   - F. Activities should be planned which help the child reach the goal. Activities can be organized in steps, initially providing physical assistance, then moving toward independent completion. Activities can also be organized sequentially, beginning with easy tasks and moving to more difficult ones.
   - G. Instructional programs should take into account each of the following factors:
     1. skills being taught to child
     2. materials used to teach skills
     3. methods used to teach skills
     4. child's and adult's positions during instruction
     5. setting in which learning will occur
   - H. Make sure the child is actively involved in the learning process. S/he will learn by doing somewhat familiar yet challenging tasks. The child must be able to relate new learning to previous learning. However, the new learning must be dissimilar enough to be interesting.

III. Implement the program
   - A. Instruction should be concisely organized. Structure your session carefully. Write down the program in a useful format so you have guidelines when teaching the child.
   - B. Organize the materials and setting prior to the instructional session. Being prepared is crucial to well-organized and effective instruction.
   - C. Use an appropriate position for yourself and the child when completing tasks. Consider any precautions related to the child's problem when handling or positioning him/her.
   - D. Provide motivation for the activity. Think about this ahead of time so that the rapport between you and child is more easily established. Motivation can be improved if the child is reinforced with something desirable. Then s/he will be more interested in completing the task.

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E. Be careful in your selection of materials to teach different tasks. Do not use the same material to teach two different new tasks simultaneously. This will confuse the child. However, it is important for the child to learn that materials can be used for different purposes. Therefore, reintroduce familiar materials to teach new concepts after previously learned skills using that material are well developed.

F. Make each instructional session consistent in terms of expectations for the child, sequence of activities presented, and specific activity presentation (unless otherwise indicated).

G. Make sure the child is aware of what is expected in terms of behavior. This often helps the child better focus on the tasks because his/her uncertainty about what else has to be done will be reduced.

H. Sequence learning from easy to hard. Make sure the child receives recognition for attempts to achieve difficult tasks. Positive experiences will encourage longer attention to activities and help foster a positive attitude toward learning.

I. Provide physical assistance when necessary to help the child learn how to complete the steps of a task appropriately. Sometimes guiding the child through the motions helps him/her understand the sequence involved in completing a task.

J. Encourage the child to independently complete those steps of the task s/he is able. Sometimes, it is helpful to teach the last step in the task and work backwards increasing the number of steps the child completes independently. This is particularly true if the child experiences immediate reinforcement because the task is completed right after s/he works.

K. Use an appropriate cue (physical, gestural or verbal) for the child when introducing new tasks as well as when practicing familiar tasks. It is generally better to structure your initial teaching from providing the least amount of cuing to the most amount of cuing. In this way the child is able to show you what level of guidance s/he needs. Do not provide any more cuing than the child needs. Once you have determined the level of cuing needed to complete a task, gradually reduce your cues and encourage more independent work to complete the task.

L. Give the child immediate feedback about his/her performance so that s/he begins to relate positive feelings with appropriate task completion. It is very important that you and your supervisor regularly meet to determine how you will reinforce the child. The type and frequency of reinforcement varies with each child and each task. Your goal is to reduce the child's dependency on artificial rewards and encourage the child to rely on natural ones.

M. Communicate, verbally and nonverbally, at a level meaningful to the child. Your language level when giving directions and providing feedback is crucial for the child to understand the task.

N. Be sensitive to the child's moods, needs, and interests. Often, slight modifications or changes will make the instructional session more meaningful. Be flexible and recognize the child's right to participate in arranging the program.

O. Maintain the child's involvement in the session. Your ability to move from one activity to another in a skilled manner will enhance the likelihood of the child's involvement. The order of activity presentation is also a crucial factor. Alternating low and high preference tasks generally keeps the child's attention longer.

P. Record data regarding the child's performance on tasks. This will give you evidence about changes in the child's skill level. This will also indicate when the program does not seem to be working. It is important to recognize when the program is not working so that revisions can be made. Report to your supervisor regularly so that changes can be made. It is unfair to yourself and the child to spend time working on an ineffective program.

IV. Practice new learning

- A. Once the child demonstrates the ability to complete the task independently, it is important for him/her to practice it frequently. The child might need to "over learn" the task if s/he is expected to repeat the activity in other situations.
- B. Provide opportunities for the child to practice the same skill using different materials. It is important that the child learn to generalize the skill using many different materials. Problem solving rather than rote responding is your goal.
- C. The child should also be able to complete the task in other positions and in other settings different from the ones in which it was initially taught. Be creative in your use of materials and positions so the child learns that flexibility is a part of learning.
- D. Utilize situations that occur naturally through the day which might enhance understanding of concepts learned. These instances must be made meaningful to the child if they are to be useful. Your ability to make them intentional learning for the child is generally the key factor.
- E. Once the child can accurately perform a task, it is then important to increase the speed of task completion. This factor is crucial if the child is going to be involved with normal children or is placed in a larger group setting. Speed becomes the goal after accuracy is well developed.
- F. Try to get the most out of your instructional time with the child. Use the same activity to complete objectives across developmental areas. It is crucial that you consider the whole child when working with him/her so that instruction is individualized and meaningful.

V. Provide group learning

- A. Providing meaningful learning experiences for a small group of children requires good teaching skills. Because of the variability among children's interests and skills, well-planned instruction is essential.
- B. It is important to have your supervisor determine each child's current level of performance when planning a group activity. Otherwise, you will not know what to expect as appropriate behavior from each child.
- C. You must consider the same factors important to one-to-one instruction when planning group sessions. The setting, child and adult position, language level, assistance provided, and behavior expected from each child must be pre-determined. This means that you as the instructor must be prepared to respond differently to each child during the session.
- D. The ability to individualize when planning helps make the goal of individualized instruction possible. Being able to move from one child to another providing appropriate cues and assistance, and being sensitive to each child's ability to work in close proximity with others are crucial to a smooth, even-flowing session.
- E. Often a child's performance in a group varies considerably from his/her performance in a one-to-one situation. This change in behavior is different among children and among tasks. You must be sensitive to this when planning a group session. Learning to deal with other children and the distractions of a group situation are necessary skills for the child to acquire. Your ability to make this process a positive experience is an important responsibility.
- F. The setting for completing group activities is most important. Position each child considering what benefits each child would get from that location (e.g. fewer distractions, good language model, no opportunity to get out of chair, etc.). Position yourself in the most strategic spot and then change your location as necessary as the children are working.

G. Make sure each child participates in the group in some way. Focus some time and attention on each child and include everyone whenever possible.

H. Be careful not to gear all your activities for the highest functioning children, nor direct all of your attention and questions to them. Try to keep a balance among the group activities so that everyone benefits. Make familiar tasks more challenging for the higher functioning children to improve their speed while you work on accuracy with the children having more difficulty.

I. Make sure the materials each child uses are appropriate to his/her skill level. Even though the task may be placing pegs in a pegboard, there may be as many different pegs and pegboards as there are children in the group; questions children ask about the variability are easier to deal with than trying to impose too easy or too difficult tasks on children.

J. If you chart each child's level of independence on the steps involved when completing activities, then it will be much easier to provide consistent assistance and cues appropriate for each child. This is especially important if you have volunteers, students, parents, etc. involved with the children who are unfamiliar with them. You will also have a record of each child's progress or changes in behavior.

K. Make sure each child knows what to do upon completion of the group activity. Children will finish at different times. Have an interim activity planned so that those who are finished do not disturb those still working.

VI. Modify the program when necessary

A. Prior to working on a skill with a child, you and your supervisor should determine the length of time in which you expect the child to achieve the short-term goal. If the child is having difficulty achieving the criterion level of performance, it is important to recognize this and report it to your supervisor.

B. There are many factors to consider when trying to determine why the child is having difficulty. Some areas to consider include the following:

1. the child's health or physical problems.
2. factors at home affecting child (e.g. illness, divorce, etc.)
3. time of day
4. the child's attention
5. the child's interests
6. the setting
7. the position of yourself or child
8. the materials
9. the communication level
10. the reinforcement schedule
11. the teaching strategies (assistance, cues, etc.)
12. the short-term objective

C. You and your supervisor should discuss the problem and then determine a way to sort out what might be causing the child's difficulty. It is important to systematically eliminate one factor at a time, unless it is felt that a totally new plan is necessary.

D. It is important to remember that since a child's response to a change may not be apparent immediately, s/he should be given adequate time to demonstrate its effectiveness.

E. Once the child achieves the short-term goals, the task and setting should be modified continually. The child must be challenged to learn how to problem solve, as well as feel secure in the familiarity of the learning situation. Program modification is an integral part of the instructional process.

PRINCIPLES OF INSTRUCTION

Name:____

Handout 2

Date:________________________________

Description of Child: Leon is a 3 year old child who is totally blind. He is moderately delayed in all areas of development.

Instructional Objective: Leon will be able to place a circle and a square in a formboard with the adult stabilizing the formboard and providing verbal cues only.

Activity	Materials	Method	Position of Child and Adult	Evaluation
Placing a circle and a square in a shape box.	3 circles and 3 squares shape box put masking tape on outline of each hole.	Verbally explain task; have Leon tactually explore shapebox holes & shapes; present shapes alternately one at a time; provide guided assistance when necessary; make sure Leon feels the outline of the hole prior to placing the shape into it; label each form as "circle" or "square" and use the direction "Put the ___ in the box."; reward Leon for appropriate responses with verbal praise.	sitting on floor between adult's legs with shapebox between child's legs.	
Placing round pegs in a pegboard.	6 ½" round pegs. pegboard. tape paper securely over all the holes but one horizontal row.	Verbally explain task; have Leon tactually explore pegboard holes & pegs; present pegs singly moving left to right, make sure Leon feels outline of hole prior to placing peg into it; provide guided assistance so that he doesn't knock over pegs already placed; stabilize pegboard for him if necessary; use direction "Put the peg in the hole"; reward for appropriate responses with verbal praise.	sitting in small chair at table with adult seated beside child.	

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PRINCIPLES OF INSTRUCTION

Name: ______________________________

Date: ______________________________

Worksheet 1

Description of Child: Chester is a 14 month old child who is generally delayed. He mouths or throws most toys and has a very short attention span.

Instructional Objective: Using medium-sized objects, Chester will place 5 objects into a container with minimal assistance.

Activity	Materials	Method	Position of Child and Adult	Evaluation

PRINCIPLES OF INSTRUCTION

Worksheet 2

Name: ____ **Date:** ______________________________

Description of Child: Benny is a 6 year old child who has difficulty discriminating subtle differences, both visually and auditorily. He does not like to do paper/pencil tasks and often is confused by verbal directions. He is easily frustrated and has a short attention span.

Instructional Objective: Benny will seriate 5 shades of red paper strips and then vertically glue them in order on a white sheet of paper. The lightest shade will be on the left side of the paper. He will complete the task with verbal cues only.

Activity	Materials	Method	Position of Child and Adult	Evaluation
Seriating 5 strips of colored paper and then gluing them.	Glue. 5 strips of red paper. paper.	Identify all materials; verbally direct Benny to seriate the strips from light to dark; have him place the lightest strip on the left & work to the right; have him glue each strip on a piece of paper beginning with the lightest strip; provide appropriate verbal cues during the activity; reinforce all appropriate responses with verbal praise.	Benny will sit at a table Adult will sit across from him.	Benny could pick the lightest and the darkest strips but did not order the other three; he glued three strips with assistance & then got up from the table; he repeatedly said the task was "too hard."

Aspects of instructional situation which could be modified.	Effects on instruction each modification might have.
Identify 3 aspects of instructional situation which could be modified.	Identify 1 effect each modification might have.
a. setting - have Benny sit next to a wall with the adult beside him.	a. the position limits his option to leave the table and should keep him more attentive to the task.
b.	b.
c.	c.

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PRINCIPLES OF INSTRUCTION
Worksheet 3 (Videotape)

Name: ______________________ **Date:** ______________________

Description of Child:

Instructional Objective:

Activity	Materials	Method	Position of Child and Adult	Evaluation

Aspects of instructional situation which could be modified.	Effects on instruction each modification might have.
a.	a.
b.	b.
c.	c.

Suggested Assignments

Reading:
Smith, R.M. & Neisworth, J.T., pp. 204-232.

Activities:

1. Indicate whether the following statements are true or false by checking the appropriate line.

T F

___ ___ a. The amount of practice each child needs varies depending on the child's learning rate; that amount is generally consistent for each child on any task to be learned. (1)

___ ___ b. There is a need for the child with a delay to overlearn a skill if retention and transfer to other situations are expected. (2)

___ ___ c. Learning generally occurs most effectively when the materials are organized so that unexpected shifting from one task to another is reduced. (1)

___ ___ d. Children with delays rarely remember concepts taught to them from one time to another even if opportunities to use the information are provided. (2)

___ ___ e. Many skills which are learned naturally by most children need to be areas of intentional learning for children with problems. (2)

2. For each of the following instructional principles, explain one way you have considered each of them when planning instructional programs for your children. (3)
   example: Readiness for learning: making sure the child is alert and attending to you and the activity.
   a. active participation
   b. meaningful learning
   c. motivation for learning

3. Why should low-preference activities be followed by high-preference activities? (1)

4. What is one way to increase the child's motivation for doing a task? (1)

5. When teaching a new skill, why is it often helpful to teach the final step of a task first rather than the beginning step of a task? (1)

6. What is one way to encourage a child to problem solve rather than to rotely respond? (1)

7. Identify one reason why task analysis is an effective instructional technique for children having learning problems. (2)

8. Using the activity sheet provided, plan two activities to reach the instructional objective for the child described below. (4)
   Description of child: Marty is a 4 year old child who has a slight visual impairment. He does not like to do activities requiring close visual attention.
   Instructional Objective: Using small objects, Marty will make a vertical row of objects with verbal cues only.

9. Using the worksheet provided, identify 3 aspects of the given instructional situation that could be modified, and describe one effect each modification might have on instruction. (5)

10. Plan a meeting with your supervisor to determine an appropriate objective for each of 2 children with whom you work. Using the worksheets provided, plan an activity for each with your supervisor's approval. After completing each activity, write two evaluation comments describing how each child performed the activity. Then identify 3 aspects of each instructional situation that could be modified, and describe 1 effect each modification might have on instruction. (6)

PRINCIPLES OF INSTRUCTION

Assignment 9

Name:______________________________ Date:______________________

Description of Child: Laura is a 3 year old child who has moderate delays in all areas of development. She has a short attention span and needs lots of structure when working on table top activities.

Instructional Objective: Laura will place 6 plaques in a coffee can having a vertically slotted lid with verbal cues only.

Activity	Materials	Method	Position of Child and Adult	Evaluation
Sliding plaques in a coffee can with a vertically slotted lid.	8 plaques. coffee can. vertical slot in lid.	Focus Laura's attention on components of task; demonstrate appropriate response with 1 plaque; provide physical assistance to show Laura how to place 1 plaque in slot; present plaques one at a time; help Laura stabilize can if necessary; provide physical assistance as needed; consistently use verbal cue, "Laura, put the card in the can"; reinforce all attempts to complete task.	Laura seated on floor with coffee can between legs. Adult seated beside Laura on floor.	Laura threw 3 of the plaques before trying to place them in the slot; she got up and walked around the room 2 times during the activity; she tried to get 2 plaques into the slot but kept jamming them at the slot rather than smoothly sliding them through it.

Aspects of instructional situation which could be modified.	Effects on instruction each modification might have.
Identify 3 aspects of instructional situation which could be modified.	Identify 1 effect each modification might have.
a.	a.
b.	b.
c.	c.

PRINCIPLES OF INSTRUCTION
Assignment 10

Name: ______________________ **Date:** ______________________

Description of Child:

Instructional Objective:

Activity	Materials	Method	Position of Child and Adult	Evaluation

Aspects of instructional situation which could be modified.	Effects on instruction each modification might have.
a.	a.
b.	b.
c.	c.

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Suggested Test Questions

Indicate which of the following statements are true or false by checking the appropriate line.

T F

___ ___ 1. When teaching a new skill, the child's speed when completing the task is of major concern. (1)

___ ___ 2. A child with a learning problem may have difficulty with short term memory when an excessive delay occurs between the presentation of the stimuli to the child and his response to it. (2)

___ ___ 3. One way to encourage a child to participate in a low interest task is to present a high interest task immediately upon completion of the low interest task. (1)

___ ___ 4. Once a child with a delay has learned a skill, s/he will retain it without further practice. (2)

___ ___ 5. The first step in teaching a task is to focus the child's attention on the activity. (1)

___ ___ 6. It is helpful to the child with learning problems to use the same material to teach two new skills at the same time. (1)

___ ___ 7. Generally, children with learning problems demonstrate the same skill level in a group situation as they do in a one-to-one situation. (1)

___ ___ 8. When conducting group activities, it is important to gear the activity at the skill level of the lowest functioning children. (1)

___ ___ 9. If a child does not meet a long-term instructional objective, the first step in improving the program is to modify the objective. (1)

___ ___ 10. Given appropriate developmental objectives for a child with learning problems, the teacher's attitude toward the child is of little importance. (2)

Suggested Test Questions

Indicate which of the following statements are true or false by checking the appropriate line.

T F
___ x 1. When teaching a new skill, the child's speed when completing the task is of major concern. (1)
x ___ 2. A child with a learning problem may have difficulty with short term memory when an excessive delay occurs between the presentation of the stimuli to the child and his response to it. (2)
x ___ 3. One way to encourage a child to participate in a low interest task is to present a high interest task immediately upon completion of the low interest task. (1)
___ x 4. Once a child with a delay has learned a skill, s/he will retain it without further practice. (2)
x ___ 5. The first step in teaching a task is to focus the child's attention on the activity. (1)
___ x 6. It is helpful to the child with learning problems to use the same material to teach two new skills at the same time. (1)
___ x 7. Generally, children with learning problems demonstrate the same skill level in a group situation as they do in a one-to-one situation. (1)
___ x 8. When conducting group activities, it is important to gear the activity at the skill level of the lowest functioning children. (1)
___ x 9. If a child does not meet a long-term instructional objective, the first step in improving the program is to modify the objective. (1)
___ x 10. Given appropriate developmental objectives for a child with learning problems, the teacher's attitude toward the child is of little importance. (2)

1

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

GROSS MOTOR DEVELOPMENT

Primary Author

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MODEL INFANT AND TODDLER PROJECT
Department of Psychiatry
Dartmouth Medical School

Instructor's Guide

Overview

This unit presents basic information about gross motor development and remediation.

Prerequisites

For the Instructor - The instructor should be a registered physical therapist with pediatric experience.

For the Student - The student should have completed the units Overview of Development: Normal and Exceptional, Overview of Program Implementation Skills, Principles of Instruction, or their equivalent.

Time Needed

Approximately 12-15 hours.

Materials Needed

1. To be duplicated for each person:
   - Handout 1 - 5
   - Worksheets 1 - 5
   - Assignments
   - Activity Sheet I (3 copies)
   - Activity Sheet II (3 copies)

2. Other materials:
   - Assigned readings
   - Video tape: A Normal Baby: The Sensory Motor Processes of the First Year (Blythedale Children's Hospital, Bradhurst Avenue, Valhalla, N.Y.)
   - Video tape developed at a local facility of normal and abnormal development, and remediation
   - Video tape equipment
   - Slides taken at a local facility which illustrate normal and abnormal gross motor development; remediation; positioning and handling; use of equipment
   - Gross motor activity guides
   - Slide projector and screen
   - Large cloth doll for demonstration purposes
   - Samples or slides of adaptive equipment, e.g. corner chair, wedge, roll.

Physical Arrangements Needed

A room which can be darkened for the slide presentation
A large carpeted area (or mats) for demonstrations and student practice

Objectives

1. The student will be able to identify the ages of each of the following major developmental milestones:
   a. 8 months - sitting
   b. 14 months - walking
   c. 24 months - runs well
   d. 36 months - stair climbing, without support

2. The student will be able to identify examples of each of the following major principles of central nervous system maturation in regard to motor development:
   a. sequential development
   b. cephalo-caudal direction of development
   c. proximal to distal direction of development
   d. mass to individualized responses
   e. gross to fine movements

3. The student will be able to recognize the following primitive reflexes:
   a. Tonic labyrinthine
   b. Asymmetrical tonic neck
   c. Positive supporting

4. The student will be able to identify examples of each of the following:
   a. hypertonicity
   b. hypotonicity
   c. flaccidity
   d. fluctuating tone
   e. limitations in joint range of motion

5. The student will be able to identify when the guidelines for promoting normal motor development are appropriately followed.

6. The student will be able to identify when the guidelines for positioning and handling of the following conditions are appropriately followed in specific situations:
   a. Tonic labyrinthine reflex
   b. Asymmetrical tonic neck reflex
   c. Positive supporting reflex
   d. hypertonicity
   e. hypotonicity
   f. fluctuating tone
   g. flaccidity

7. The student will be able to demonstrate correct positioning and handling of children with hypertonicity and hypotonicity.

8. The student will be able to identify examples of each of the following automatic movement reactions:
   a. righting
   b. protective extension
   c. equilibrium

9. The student will be able to suggest two activities which may prove useful in helping delayed or non-motor impaired children develop a major developmental milestone.

10. Given descriptions of groups of children, the student will be able to plan and implement appropriate activities.

11. Given gross-motor objectives for children with whom s/he works, the student will be able to plan and implement appropriate activities.

Outline

I. Introduction
  A. Importance of motor development with regard to other developmental areas

  References: Banus, B.S., 1971, pp. 5-6.
  Holt, K.S., 1975, pp. 9-12.

  B. Principles of C.N.S. maturation
    1. sequence of development
    2. overlapping sequence of development
    3. gross to fine movements
    4. cephalo-caudal direction of development
    5. proximal to distal direction of development

  References: Connor, F.P., et al.(Eds.), 1978, pp. 100-101.
  Gesell, A., 1940, pp. 24.
  Illingworth, R.S., 1975, pp. 131.
  Johnston, R.B. & Magrab, P.R., 1976, pp. 25-29.

  C. Overview of developmental milestones (Video tape: A Normal Baby) (Handout I)

  References: Banus, B.S., 1971, pp. 146-151.
  Connor, F.P., et al. (Eds.), 1978, pp. 103-128.
  Gesell, A., 1940, pp. 16-53, 67-74.
  Herst, J., et al., 1976.
  Illingworth, R.S., 1975, pp. 132-135, 149-165.
  Johnston, R.B. & Magrab, P.R., 1976, pp. 172-175.

  D. Definition of terms (Group practice - range of motion terms)

  References: Bobath, B. & Bobath, K., 1975, pp. 20-21.
  Johnston, R.B. & Magrab, P.R., 1976, pp. 503-515.
  Pearson, P.H. & Williams, C.E., 1972, pp. 32-33.
  Stedman's Medical Dictionary, 1972.

II. Motor development
  A. Normal development
    1. postural reflexes (Handout 1)
      a. primitive reflexes (Slides)
        1) tonic labyrinthine
        2) asymmetrical tonic neck
        3) positive supporting
      b. automatic movement reflexes (Slides, group practice)
        1) righting
        2) equilibrium
        3) protective extension
      c. interrelationship of primitive reflexes, automatic movement reflexes, and accompanying development of motor skills

  References: Banus, B.S., 1971, pp. 129-142.
  Bobath, B., 1971, pp. 57-72, 93-97.
  Connor, F.P., et al. (Eds.), 1978, pp. 91-128.
  Holt, K.S., 1975, pp. 27-29.
  Johnston, R.B. & Magrab, P.R., 1976, pp. 29-42.
  Kopp, C.B., 1971, pp. 26-42.

Pearson, P.H. & Williams, C.E., 1972, pp. 41-62.

B. Abnormal development
1. abnormal persistence of reflexes
2. other conditions (Slides)
    a. hypotonicity
    b. hypertonicity
    c. fluctuating tone
    d. flaccidity
e. limitations in range of motion

C. Effects of motor impairments on other areas of development (Handout II)

References: Banus, B.S., 1971, pp. 152, 159-164.
Bobath, B., 1971, pp. 15-19, 26-32, 41-47, 73-87, 98-102.
Bobath, B. & Bobath, K., 1975, pp. 12, 21-100.
Connor, F.P., et al. (Eds.), 1978, pp. 128-182.
Kopp, C.B., 1971, pp. 42-44.
Pearson, P.H. & Williams, C.E., 1972, pp. 64-101.

D. Remediation
1. development vs. remediation
2. principles of management (Handouts 2 & 3, Worksheet 1, Video tapes, slides)
3. activities and materials (activities, equipment)
4. adaptive equipment (equipment, pictures, slides)
5. activity planning (Handout 4, Worksheets 2 & 3)
6. individual vs. group sessions (Handout 5, Worksheets 4 & 5)
7. role of specialist

References: American Academy of Orthopaedic Surgeons, 1975, pp. 267-279, 402-406-421-453.
Connor, F.P., et al. (Eds.), 1978, pp. 128-182.
Fallen, N.H. & McGovern, J.E., 1978, pp. 142-154.
Finnie, N.R., 1975, pp. 1-68, 141-193.
Johnston, R.B. & Magrab, P.R., 1976, pp. 181-188.
Robinault, I.P., 1973, pp. 2-81.

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American Academy of Orthopaedic Surgeons. Atlas of orthotics. St. Louis: C.V. Mosby, 1975.

Banus, B.S. The developmental therapist. Thorofare, N.J.: C.B. Slack, 1971.

Bobath, B. Abnormal postural reflex activity caused by brain lesions (2nd ed.). London, William Heineman Medical Books, 1971.

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Connor, F.P., Williamson, G.G. & Siepp, J.M. (Eds.) Program guide for infants and toddlers with neuromotor and other developmental disabilities. New York: Teachers College Press, 1978.

Fallen, N.H. & McGovern, J.E. Young children with special needs. Columbus, Oh.: C.E. Merrill, 1978.

Finnie, N.R. Handling the young cerebral palsied child at home (2nd ed.). New York: E.P. Dutton, 1975.

Gesell, A. The first five years of life. New York: Harper & Row, 1940.

Herst, J., Wolfe, S., Jorgensen, G., & Pallan, S. SEED developmental profiles. Denver: Sewell Rehabilitation Center, 1976.

Holt, K. (Ed.) Movement and child development. London: William Heineman Medical Books, 1975.

Illingworth, R.S. The development of the infant and young child (6th ed.). New York: Churchill Livingstone, 1975.

Johnston, R.B. & Magrab, P.R. (Eds.) Developmental disorders. Baltimore: University Park Press, 1976.

Kopp, C.B. (Ed.) Readings in early development. Springfield, Il.: C.C. Thomas, 1971.

Pearson, P.H., & Williams, C.E. (Eds.) Physical therapy services in the developmental disabilities. Springfield, Il.: C.C. Thomas, 1972.

Robinault, I.P. Functional aids for the multiply handicapped. New York: Harper & Row, 1973.

Stedman's Medical Dictionary (22 ed.).Baltimore: William & Wilkins, 1972.

GROSS MOTOR DEVELOPMENT

Handout 1

Developmental Reflexes

"Reflex" means an automatic response which is caused by a particular stimulus and does not involve any voluntary control. At birth, the body is under the unopposed control of the lower brain centers, which generate involuntary reflex movements and postures. The body responds automatically to specific influences such as head and body position through changes in muscle tone which affect posture and/or movement in consistent patterns termed "primitive reflexes."

As the higher brain centers mature, they counterbalance and gradually suppress the influence of the primitive reflexes. This frees the body of the limiting involuntary reflex patterns and makes a wider range of voluntary movements possible.

As the primitive reflex patterns are being suppressed, there appears another set of patterned responses termed "automatic reflexes" or "automatic movement reactions." These are primarily righting, protective extension, and equilibrium and aid in the acquisition of new motor skills.

The interplay between involuntary and voluntary control, between primitive and automatic reflexes, determines to a great extent whether motor development will progress normally or abnormally.

Included below are some of the more important reflexes and reactions influential in development.

NO	AGE		PRIMITIVE REFLEX
	Origin	Integration	
1.	*28 weeks	4 - 6 months	Moro
2.	birth	3 - 6 months	Palmar Grasp
3.	birth	4 - 6 months	Tonic labyrinthine
4.	birth	4 - 6 months	Asymmetrical tonic neck
5.	6-10 mos.	persists	Positive support (weight bearing)
			AUTOMATIC MOVEMENT REACTIONS
6.	birth	persists	Labyrinthine head righting
7.	4-6 mos.	5 years	Neck righting
	4-6 mos.	5 years	Body righting
8.	6 months	persists	Equilibrium (prone)
9.	7-8 mos.	persists	Equilibrium (supine)
	7-9 mos.	persists	Equilibrium (sitting)
	9-12 mos.	persists	Equilibrium (hands/knees)
	12-22 mos.	persists	Equilibrium (standing)
9.	6-7 mos.	persists	Protective extension (forward)
	7-8 mos.	persists	Protective extension (sideways)
	9-10 mos.	persists	Protective extension (backward)

*Gestational age (age from date of conception)

P.A. Harmon/Dartmouth Medical School/1978

1. MORO

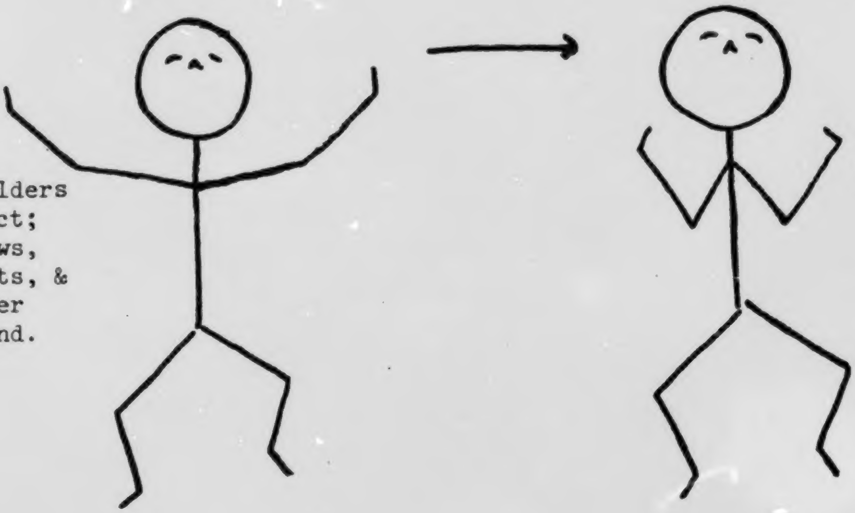
Origin: Begins at gestational age of 28 weeks.

Integration: 4 to 6 months.

Method: Hold infant with legs and buttocks resting on surface, head and shoulders raised off surface. Head should be in midline, arms resting on chest. While supporting the infant's head and shoulders, allow the head to drop back approximately 30° compared to the trunk.

Reflex: Shoulders abduct and elbows, wrists and fingers extend. Followed by shoulder adduction and elbow flexion.

Importance: 1) This is often confused with the Startle reaction, which is elicited by sudden light or noise rather than by stretch to the neck muscles.
2) Warning signs for potential problems: a) asymmetry
b) absence
c) late persistence.



1. Shoulders abduct; elbows, wrists, & finger extend.

2. Shoulders adduct; elbows flex.

As a group, discuss the effects on functioning of late persistence of Moro reflex:

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3. TONIC LABYRINTHINE

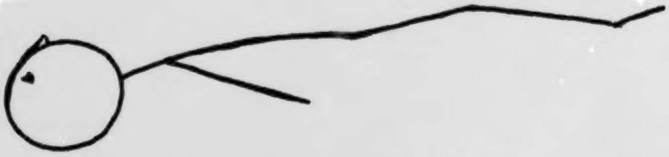
Origin: Birth

Integration: 4 to 6 months.

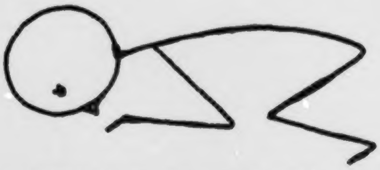
Method: When child is in prone, evaluate flexor tone by lifting child's head. When s/he is in supine, evaluate extensor tone by pushing child up to sitting with hand on back of her/his head.

Reflex: In prone, child cannot lift head and support self on arms due to increased flexor tone at all joints.
In supine, child cannot flex forward when pushed to sit due to increased extensor tone at all joints.

Importance: 1) This reflex must be integrated for the progression of normal motor development.
2) Warning signs for potential problems: a) absence
b) late persistence



Head extends, all joints extend.



Head flexes, all joints flex.

As a group, discuss the effects on functioning of late persistence of Tonic Labyrinthine reflex:

4. ASYMMETRICAL TONIC NECK (ATNR)

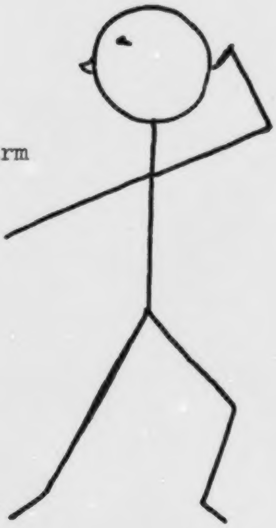
Origin: Birth to 1 month.

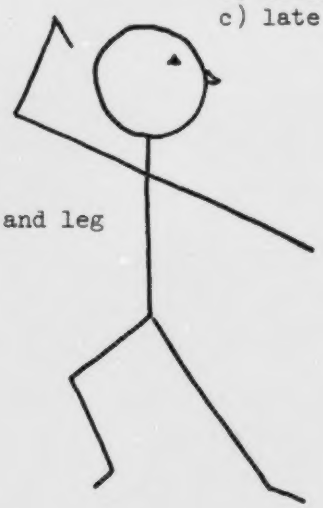
Integration: 4 to 6 months.

Method: With child in supine and head in midline, have her/him track an object from one side to the other. In same position, turn her/his head slowly to one side holding head so that the jaw is over the shoulder; repeat to other side.

Reflex: The arm and leg on the face side extend. The arm and leg on the skull side flex.

Importance:
1) This reflex is never totally obligatory in the normal child.
2) The ATNR must be integrated before the child can roll.
3) Persistence of the ATNR can cause scoliosis and/or subluxation or dislocation of the hip on the skull side.
4) Warning signs for potential problems:
    - a) asymmetry
    - b) absence
    - c) late persistence





As a group, discuss the effects on functioning of late persistence of the ATNR:

5. POSITIVE SUPPORT

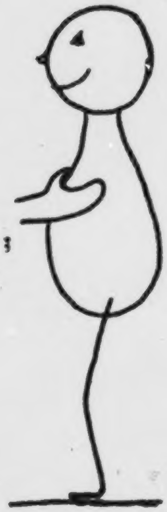
Origin: 6 to 10 months.

Integration: Persists throughout life as normal weight bearing.

Method: Hold the child in a vertical position by supporting under the arms and around the chest. Bounce the child 4-5 times on the balls of the feet and then allow the feet to make firm contact with the floor.

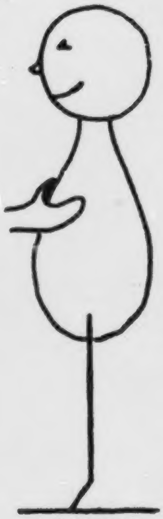
Reflex: Flexors and extensors of the legs simultaneously contract for full weight bearing. Hips and knees are extended.

Importance:
1) This reflex is not to be confused with neonatal positive supporting, which appears in the first few months of life and is characterized by partial hip and knee flexion and minimal support of body weight.
2) This reflex is necessary for standing and walking.
3) Warning signs for potential problems: a) asymmetry
   b) absence
   c) abnormally strong reflex, with sustained rigid extension in hips and knees. Often accompanied by scissoring of the legs and inability to get the feet flat on the supporting surface.



Extension in hips and knees; ankles at 90°.

NORMAL



Rigid extension in hips and knees; scissoring of legs. Soles of feet do not come down flat on surface.

ABNORMAL

As a group, discuss the effects on functioning of the abnormally strong Positive Support reflex:

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6. LABYRINTHINE HEAD RIGHTING

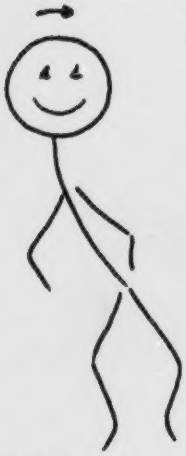
Origin: 32 weeks gestational age to 1 month

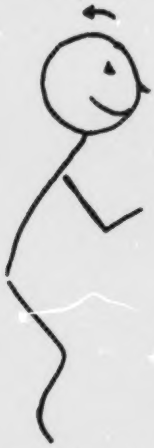
Integration: Persists throughout life.

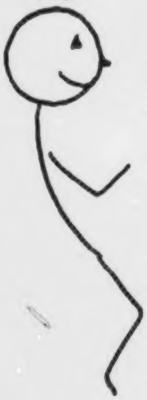
Method: Holding the child in a vertical position by supporting under the arms and around the chest, tilt the body forward, back and to the sides at least 45°.

Reflex: The head orients to the vertical position and is steadily maintained.

Importance:
1) This automatic reflex is necessary for head control when the child moves in space.
2) It allows the body to turn freely around the head; allows head lifting when the child is in supine or prone.
3) Warning signs for potential problems:
   a) asymmetry
   b) absence


Tilted to the side.


Tilted forward.


Tilted back.

Head always orients to vertical

As a group, discuss the effects on functioning of absence of Labyrinthine head righting:

7. RIGHTING
   1) NECK
   2) BODY

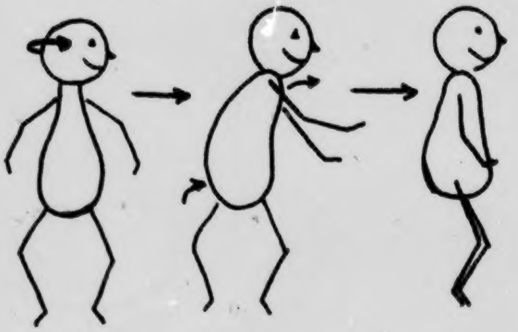
Origin: 4 to 6 months.

Integration: 4 to 5 years, when child can get to standing without rotation.

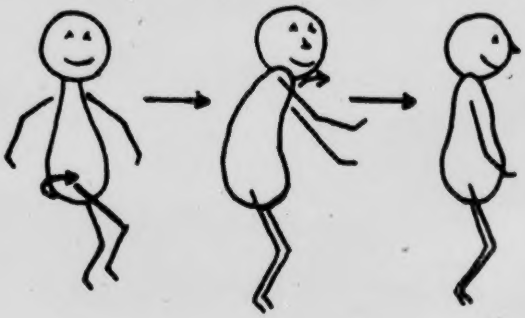
Method:
1) Neck righting: with child in supine and head in midline, flex the head and turn slowly to one side holding the head so that the jaw is over the shoulder. Repeat to other side.
2) Body righting: with child in supine and head in midline, flex one leg and bring it across to the opposite side. Repeat with other leg.

Reflex:
1) Neck righting: body will turn in direction of head turning, with segmental rotation of shoulders, trunk, and then pelvis.
2) Body righting: body will turn in direction of rotated leg, with segmental rotation of pelvis, trunk, and shoulders.

Importance:
1) Neck and body righting are necessary for rolling, as well as getting to sitting, 4-point (hands/knees), and standing.
2) Warning signs for potential problems:
   a) asymmetry
   b) absence
   c) late persistence



Neck righting: rotation of head, then shoulders, then hips.



Body righting: rotation of hips, then trunk, then shoulders.

As a group, discuss the effects on functioning of absence of righting reflexes:

8. EQUILIBRIUM

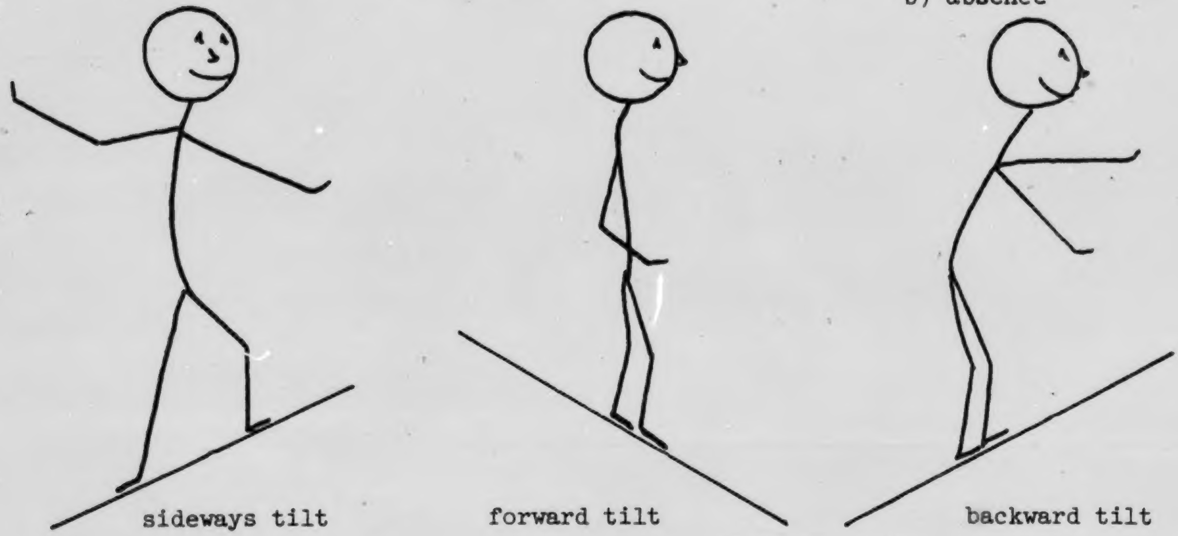
Origin: 6 months (prone);7-8 months (supine); 7-9 months (sitting); 9-12 months (4-point); 12-22 months (standing)

Integration: Persists throughout life to maintain balance and body alignment in space.

Method: With the child in any or each of the above positions on a tilt board, move the board so that the child is tilted forward, back, and to each side.

Reflex: With displacement of the center of gravity, the body readjusts to maintain its balance. With tilting to the sides, the head turns, the back curves, and then the arms and legs extend out to the side. With forward tilting, the spine extends and the arms are held back. With backward tilting, the spine flexes and the arms are thrust forward.

Importance: 1) This automatic reflex is necessary for maintaining each of the positions without support.
2) Warning signs for potential problems: a) asymmetry
b) absence



sideways tilt forward tilt backward tilt

Equilibrium In Standing

As a group, discuss the effects on functioning of absence of protective extension:

9. PROTECTIVE EXTENSION

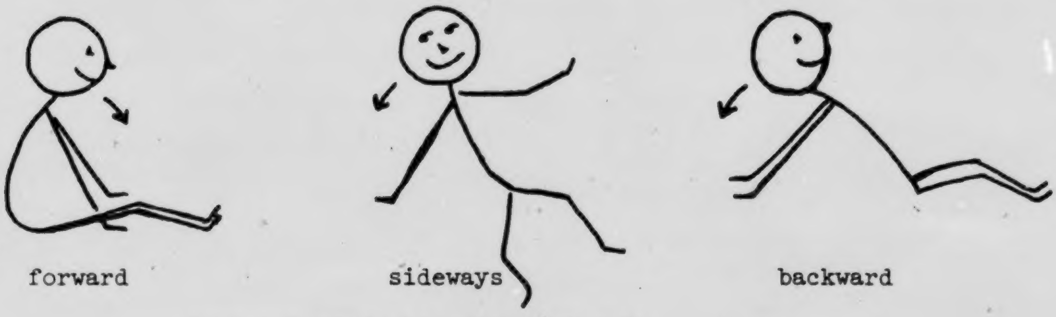
Origin: 6-7 months (forward); 7-8 months (sideways); 9-10 months (backward).

Integration: Persists throughout life to protect against falling.

Method: With child in long sitting, push her/him with enough force to cause loss of balance in forward, sideways, or backward direction.

Reflex: Arms shoot out in direction of fall, with elbows, wrists, and fingers extended to catch weight on open hand.

Importance:
1) This automatic reflex is necessary for sitting with and without hand support; also necessary for 4-point, kneeling, and standing for protection against falls.
2) Warning signs for potential problems: a) asymmetry
   b) absence



forward sideways backward

Arms extend in direction of fall

As a group, discuss the effects on functioning of absence of equilibrium.

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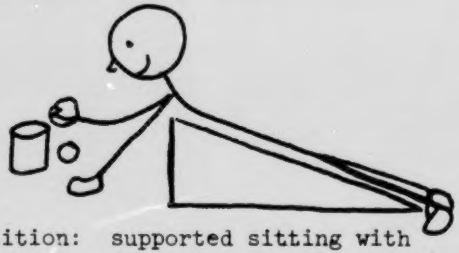
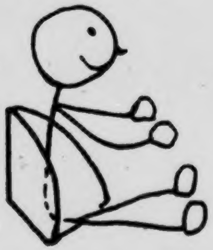
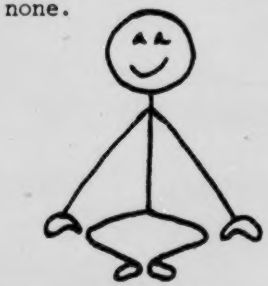
GROSS MOTOR DEVELOPMENT

Handout 2

Guidelines to Promote Normal Motor Development

Instructional Objective (Prerequisites: skills & automatic movement reactions (AMR))	Possible Positions & Equipment	Possible Activities
HEAD CONTROL Prerequisites AMR: Labyrinthine head righting.	Position: prone, propping on forearms or hands. Equipment: wedge; roll  Position: supported sitting with minimal support to head. Equipment: corner chair. 	Hold toys (rattle, mobile, etc.) in front of and slightly above the child so that s/he must lift and hold head to look at it. Give support under the chin if necessary. Hold child on knee so that s/he is facing you. Giving support at the trunk, gently move knee back and forth so that the child's position is slightly changed and s/he must adjust the position of the head. With the child securely seated in the corner chair, encourage him/her to visually track a toy through short arcs.
PROP SITTING Prerequisites skills: head control. AMR: head righting.	Position: sitting on flat surface (floor, mat, etc.) Equipment: none. 	Place child so s/he is ring-sitting or legs are spread apart in long sitting for a wide base of support. Help the child to support weight by leaning forward on hands, elbows extended. Give as much support as needed to prevent child from falling.

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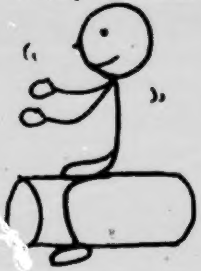
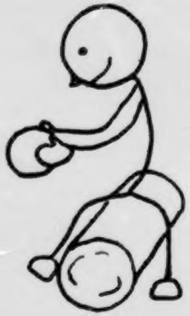
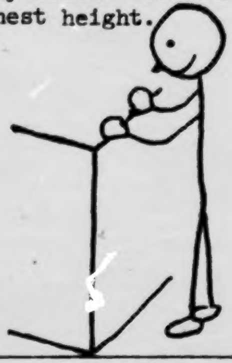
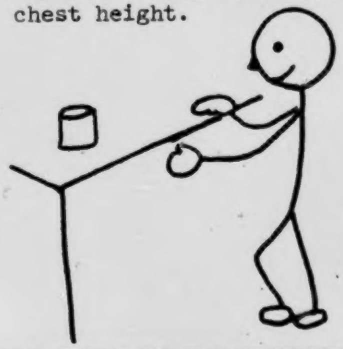
Instructional Objective	Possible Positions & Equipment	Possible Activities
INDEPENDENT SITTING Prerequisites skills: head control, trunk control, prop sitting. AMR: head righting; protective extension of arms; equilibrium in prone and supine.	Position: sitting on flat surface.	Place child so s/he is ring-sitting or legs are spread apart in long sitting for a wide base of support. Hold child's hands, letting go momentarily at first. As child begins to develop the ability to sit, give toys to keep the hands from propping; support from behind at trunk or hips to prevent falling. When child is able to sit independently, gently disturb her/his balance in sitting. When child is seated on the floor, give small, gentle push to each shoulder from the side.
	Position: 90°-90° sitting (hips, knees, and ankles flexed to 90°) Equipment: roll; barrel. 	Seat the child on the roll or barrel. While child is engaged in activities, move roll or barrel slightly from side to side so that child works on balance. Give support at hips if necessary.
TRUNK ROTATION IN INDEPENDENT SITTING Prerequisites skills: head and trunk control; independent sitting. AMR: head and body righting; protective extension of arms; equilibrium in prone and supine, developing in sitting.	Position: long-sitting, ring-sitting	Using high-interest toy to motivate reaching, encourage turning and reaching to the sides. Present objects (blocks, pegs, etc.) in the midline and have child do something with them (place in container, pegboard, etc.) reaching across to either side.

Instructional Objective	Possible Positions & Equipment	Possible Activities
TRUNK ROTATION IN INDEPENDENT SITTING (Con't)	Position: 90°-90° sitting. Equipment: roll; barrel; inflatable toy 	Seat child on roll. Present puzzle in midline; have child remove pieces and place on table to side; child then picks up each piece and places back in puzzle in midline or on opposite side.
SUPPORTED STANDING Prerequisites skills: head & trunk control; independent sitting. AMR: head & body righting; protective extension of arms; equilibrium in prone, supine, & sitting.	Position: standing on stable surface, with secure support available. Equipment: any stable furniture, child's chest height. 	Place child in standing, with feet apart for a comfortable base of support. Hold child's hands for support. Work toward child supporting full body weight on feet. Place child in standing in front of stable furniture. Place feet apart for comfortable base of support and place hands on support. Give support at the hips until child is able to support full body weight. When child is able to support weight holding on with one hand, encourage participation in activities in this position.

Instructional Objective	Possible Positions & Equipment	Possible Activities
INDEPENDENT STANDING Prerequisites skills: head and trunk control; independent sitting, 4-point AMR: head & body righting; protective extension of arms; equilibrium in prone, supine, sitting, developing in 4-point.	Position: standing on stable surface. Equipment: none.	Place child in standing, feet apart for comfortable base of support. Hold child's hands, letting go momentarily at first. Work to increase time from moment to seconds to minutes. When child is able to stand independently, work on developing equilibrium in standing by gently disturbing her/his balance. As child's balance improves, encourage child in activities.
SUPPORTED WALKING Prerequisites skills: head & trunk control; independent sitting, creeping, standing. AMR: same as above.	Position: standing on stable, even surface. Equipment: any stable furniture, child's chest height. 	Start child from a stable standing position. Hold child's hands, working on walking by gently pulling the child forward. Work toward walking with one hand held. Place child in standing in front of stable furniture. Put a high interest toy a distance of 1 foot from the child, to the side. Encourage child to cruise sideways to reach toy. Give physical assistance by lifting and moving feet if necessary. Increase the distance of the toy as the child progresses.
INDEPENDENT WALKING Prerequisites skills: head & trunk control; independent sitting, creeping, standing; trunk rotation. AMR: head & body righting; protective extension of arms & legs; equilibrium in prone, supine, sitting, 4-point & standing.	Position: standing on stable, even surface. Equipment: stable furniture which is easily moved.	Have child walk from adult or stable furniture to adult. As child improves, increase distance s/he must walk. Have child walk between two pieces of furniture. Place a high-interest toy at destination and encourage child to walk to it. As child improves, increase the distance between the furniture.

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Instructional Objective	Possible Positions & Equipment	Possible Activities
INDEPENDENT RUNNING, STAIR CLIMBING, JUMPING, HOPPING, SKIPPING, ETC. Prerequisites skills: head & trunk control; independent sitting, creeping, standing, walking, trunk rotation. AMR: head & body righting; protective extension of arms & legs; equilibrium in prone, supine, sitting, 4-point, standing, and walking.	Equipment: steps, hoops, balls, ropes, tricycle, balance beam, playground equipment, etc.	These skills can be taught individually or in groups using a variety of instructional methods (demonstration, games, individual and team competition, etc.) and materials.

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Handout 3

Guidelines for positioning and moving the child with motor involvement, and for adapting equipment

Because many children with motor involvement have such limited motor abilities, they may adopt habitual lying patterns or become stuck at a developmental level with stereotyped patterns of movement. Therefore, techniques of positioning and moving are starting points for handling these children.

POSITIONING

Advantages:

1. Better body alignment
   a. prevents
      1) contractures
      2) hip dislocation
      3) severe scoliosis (spinal curvature)
      4) pressure sores
   b. increased range of motion
2. Looser, more relaxed child
   a. child is more comfortable
   b. improved breathing
   c. nursing care improved
3. Improved functioning
   a. promotes head control
   b. promotes hands to the midline
   c. increased awareness of surroundings
   d. better eating
   e. increases the possibility for reaching a higher developmental level

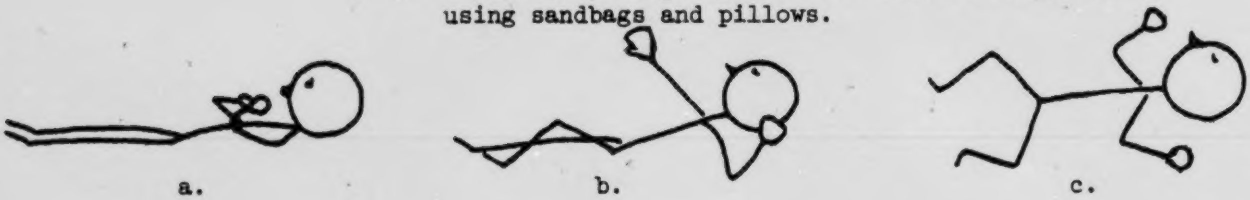
General Considerations:

1. The longer the child remains in one position, the stiffer and tighter s/he gets. No one position should be maintained for more than one hour at a time; initially only as long as s/he can tolerate it.
2. Place the child in a variety of positions throughout the day.
   a. helps to maintain ranges of motion of all joints
   b. prevents pressure sores
   c. aids in developing necessary skills, such as head control, weight bearing on arms, hands to midline, etc.
   d. gives a variety of viewpoints of environment
3. The more support you give a child's head, the less s/he will use it. S/he needs the opportunity to use her/his head if there is any potential for head control.
4. Gentle rolling, rocking, movement will help relax a child if you are having difficulty positioning or placing her/him in equipment.

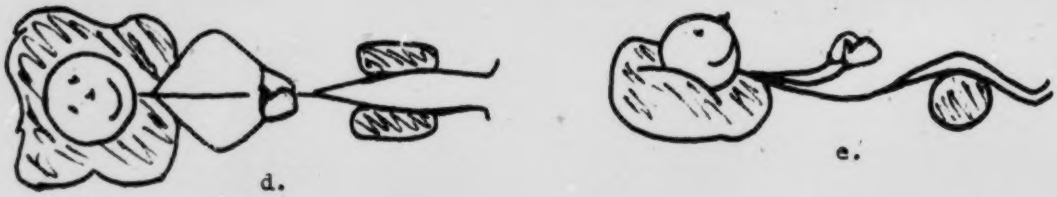
Positions Comments

SUPINE

1. Not a good position; many children constantly lie in this position already.
    a. tends to increase rigidity with a resulting increase in difficulty in moving.
    b. arms seldom come to the midline.
    c. no chance for head control to develop.
    d. legs remain stiffly extended and crossed, flop to the side, or flop apart.
2. If it must be used
    a. place a pillow under the head and upper shoulders.
    b. maintain the legs and arms in neutral alignment by using sandbags and pillows.



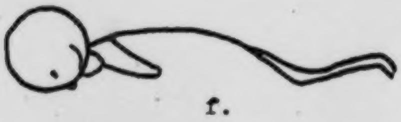
Some typical abnormal postures in the supine position. (a, b, c)



Correct positioning if the child must be in supine. (d, e)

PRONE

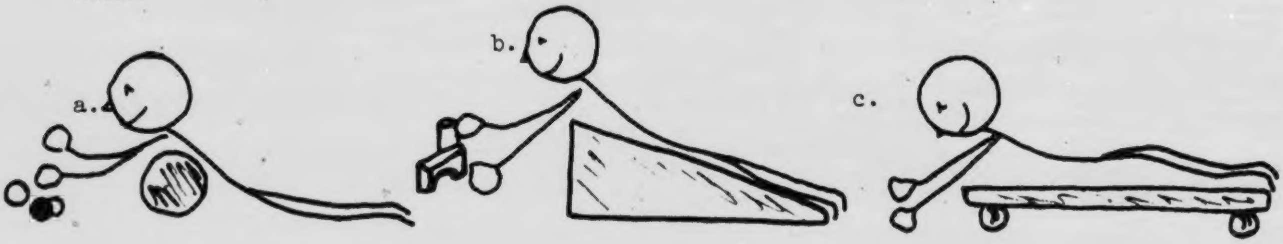
1. Good position for excessive flexor tone, as long as it doesn't cause pain.
    a. This position can be uncomfortable or impossible for some children because of hip and knee contractures.
2. Promotes head control.
3. Promotes increased shoulder motion by keeping arms forward and getting weight on elbows or hands.
4. Equipment: wedge, roll, scooter board (encourages arm movement and exploration too).



Typical posture of the cerebral palsied child when placed in prone without any support. (f)

Position Comments

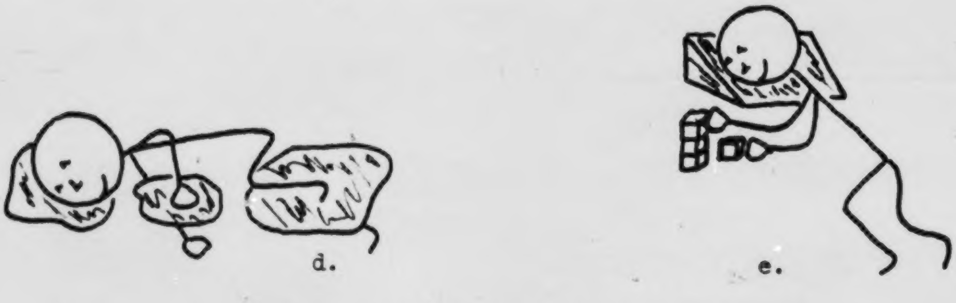
PRONE



Equipment useful in encouraging head control as well as keeping arms forward and getting weight on elbows or hands: a) roll, b) wedge; c) scooter board.

SIDELYING

1. A good neutral position between excessive extensor or flexor tone; breaks up extreme patterns.
2. Allows retracted shoulders to relax and hands to meet in the midline.
3. Allows head to be maintained in neutral position (flexion-extension) and in midline.
4. Reduces pressure areas.
5. A good position for children who are unable to lie comfortably on their stomachs due to hip and knee flexion contractures.
6. Aids in decreasing the constant pull of the back into a deforming scoliosis, if positioned correctly (consult with supervisor).
7. A good position to inhibit the asymmetrical tonic neck and tonic labyrinthine reflexes.
8. Use pillows and sandbags
   a. to maintain position.
   b. to maintain head position.
   c. between legs to help increase abduction range of motion of hips.
   d. to maintain one leg flexed and the other extended (helps to break up excessive tone in flexion and extension).

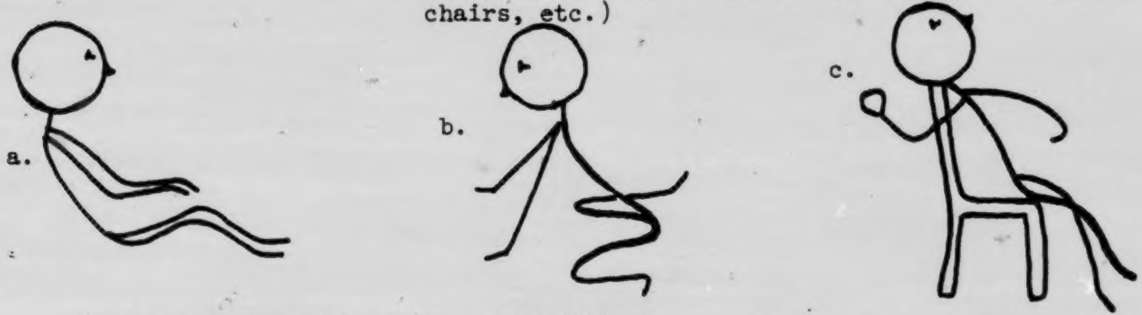


Proper positioning in sidelying (d, e)

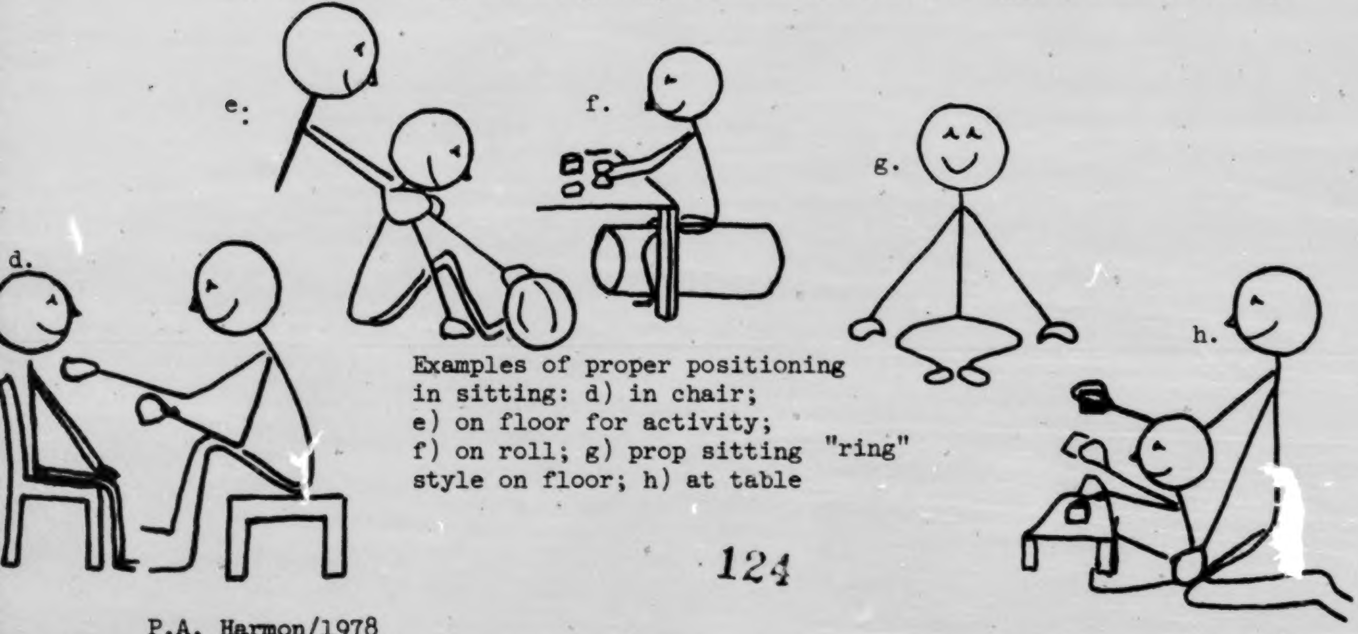
Positions Comments

SITTING

1. Good position, if the child is placed properly.
2. Promotes head control.
   - a. when holding child in your lap, keep her/him upright and give as little support to head as necessary.
   - b. in chair, place child as upright as possible so that the head is not supported.
3. Widens visual exploration of surroundings.
4. Allows freedom of hands to manipulate toys, if given sufficient support to body.
5. Positioning cautions
   - a. if placed on the floor, keep hips flexed at 90° and position legs in ring-sitting position.
   - b. discourage W-sitting.
   - c. if placed in a chair, keeps hips, knees, and ankles flexed to 90° through support.
   - d. if working on head control, prop sitting, protective extension, or equilibrium, give sufficient support so that child will not fall, but no more than necessary (so that child can practice skill).
6. Equipment: corner chair, roll, adapted chairs (wheel chairs, etc.)



Typical abnormal postures in sitting:
a) floor sitting, with hips hyperextended; b) W-sitting; c) chair sitting.



Examples of proper positioning in sitting: d) in chair; e) on floor for activity; f) on roll; g) prop sitting "ring" style on floor; h) at table

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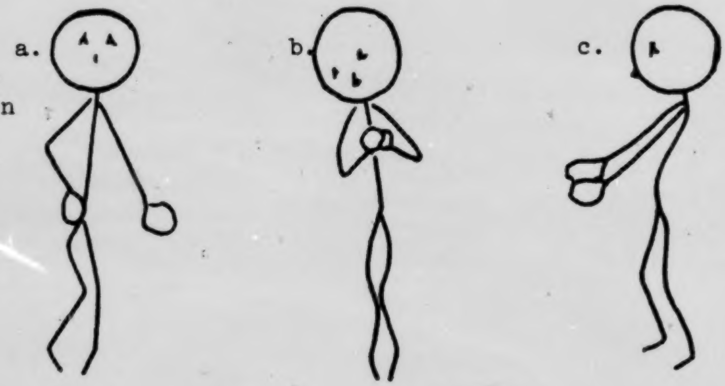
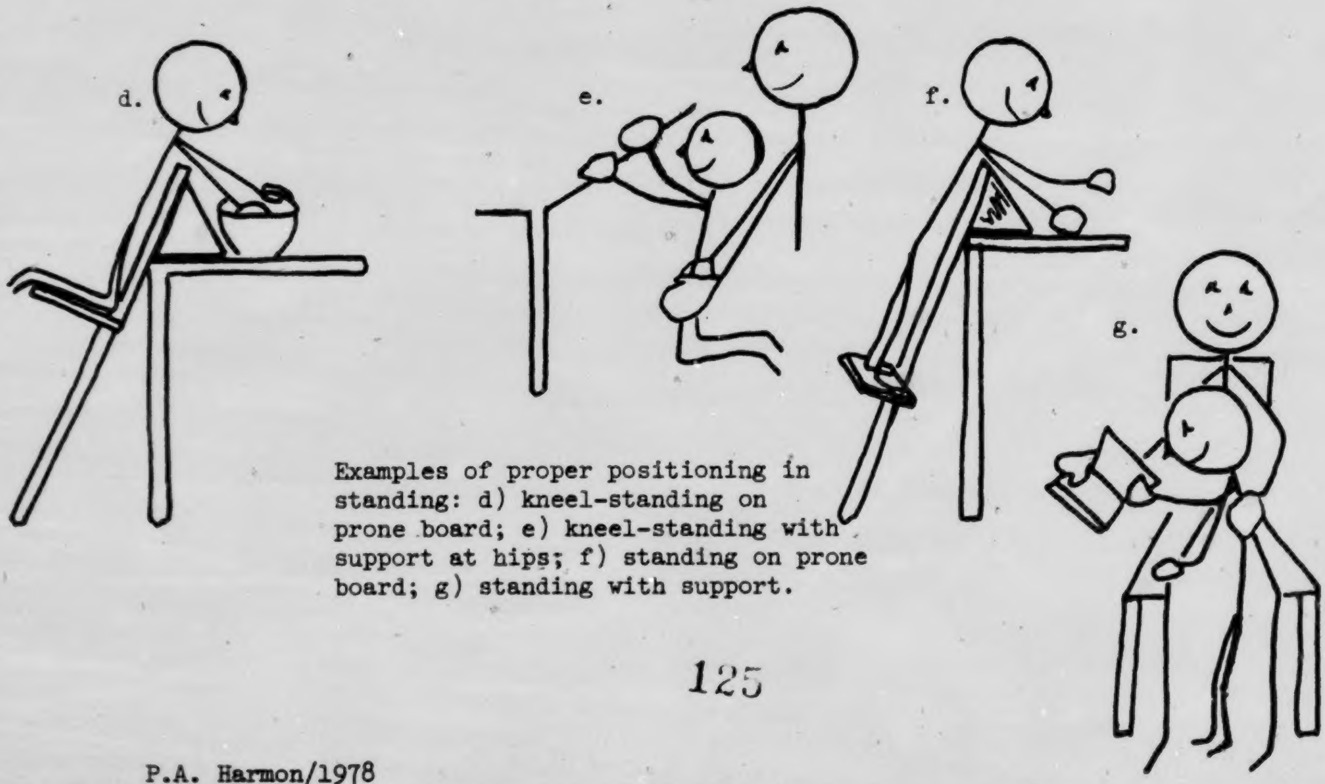
Position	Comments
STANDING	1. Good position if the child is properly placed. 2. Widens visual exploration of environment. 3. Provides stimulus to formation of hip sockets. 4. Provides stimulus to bone growth and therefore helps reduce the likelihood of fractures in the legs. 5. Can aid in reduction of hip, knee, and/or ankle tightness. 6. Frees hands to explore toys. 7. Positioning cautions a. support the child so that all joints of the legs are in as neutral a position as possible. b. give as much support as necessary to head, shoulders, and trunk to maintain the position and the body in good alignment. 8. Equipment: splinting (rolled magazines, metal and plastic splints, plaster shells, etc.), prone board, standing table.



Typical abnormal postures in standing.



Examples of proper positioning in standing: d) kneel-standing on prone board; e) kneel-standing with support at hips; f) standing on prone board; g) standing with support.

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Movement

Many children with profound motor involvement either experience no voluntary movement or have a few stereotyped movements, which gradually increase their tightness and their deformities. People are often fearful of moving these children because they are afraid they will hurt them or break a limb. Eventually, because of continued lack of experience, the children become fearful of being moved.

1. Movement for reduction of tone.
    a. use slow, gentle rolling, swinging, or rocking to reduce stiffness before other activities are attempted.
    b. use very slow movement for the child who objects or is frightened.
2. Movement for increasing range of motion.
    a. routine nursing care and dressing can provide an opportunity to take the child passively through his/her maximum ranges of motion.
        1) get the thumb out of the palm and fingers open fully for thorough washing and drying, by gently flexing wrist downward and then gently pulling on base of thumb.
        2) use a push under the elbow (not a pull from the wrist) to get arm up high enough for washing in the armpit and for getting the arm into the shirt sleeve.
        3) use a washcloth and towel between the toes; move the toes back and forth before putting the socks on.
        4) bend and straighten legs individually (push from the knee instead of pulling from the ankle) to get feet through pant legs.
        5) bend the legs at the hip, knee, and ankle to get shoes and socks on.
        6) separate thighs for cleaning genital area and for diapering.
        7) bend, straighten, and rotate head for cleaning neck and ears.
    b. movement in play activities can also serve to increase range of motion, if child stays relaxed (include gentle rocking during the activities).
        1) keep thumb and fingers open for clapping, patty-cake, banging on table, etc.
        2) get arms forward and away from child's body with "so big" games, throwing a ball, holding large toys, etc.
        3) use large toys which the child can roll or knock over.
        4) use movement games (modified) such as "ride a horse" or "this is the way the lady rides."
        5) Caution: movement in playing should not be so rapid as to cause the child to tighten up.

Suggestions and cautions related to the use of adaptive equipment for the motor involved child.

The child with motor involvement often requires special "adaptive equipment." Adaptive equipment means external aids or modification which help or allow the individual to function more normally or more independently. This may include something as simple as velcro fastenings or as complex as wheelchairs. It is vital that whatever the equipment, it must fit the child properly. Improperly fitting equipment can interfere with functioning and actually be harmful to the child.

Following are equipment suggestions and cautions to keep in mind.

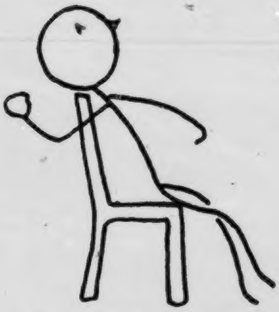
General principles:

1. Learn how to use the equipment properly: read instructions and get specific instructions, cautions, etc. from your supervisor.
2. Equipment should be specifically fitted to the individual.
3. Equipment should be appropriate for the setting.
4. Equipment should give as much support as necessary but allow for the development of as much control (e.g. head control) and function as possible.

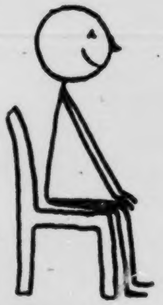
5. Change positions of the child often to prevent contractures.
6. Use sandbags to aid in maintaining good positions.

Guidelines for the seated position:

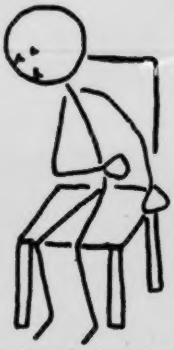
1. Head in the midline.
2. Allow for the development of head control.
3. Shoulders even and back straight.
4. Arms at comfortable height.
5. Straps positioned correctly at major points of support as indicated by supervisor, and not too tight. Straps that are too tight can cause chafing or cut off circulation.
6. Firm seating surface.
7. Hips flexed to 90° and all the way back in the chair, so that the back is straight.
8. Knees flexed to 90°.
9. Feet flat with the ankles at 90°.



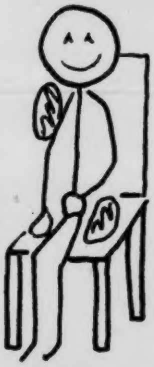
Typical abnormal sitting posture. Head extended & turned to the side; shoulders uneven; arched back; hips, knees & ankles extended.



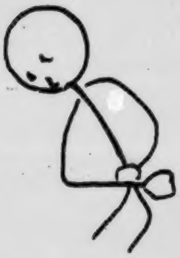
Correct sitting posture. Head erect or slightly forward & in the midline; shoulders forward & even; straight back; hips, knees & ankles flexed at 90°.



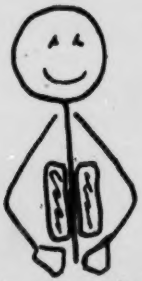
The hemiplegic sits asymmetrically, with weight bearing on only one side.



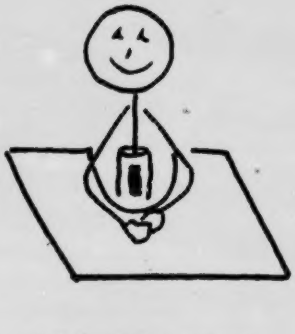
Sand bags & pillows can be used to get symmetrical sitting with even weight bearing.



Insufficient trunk support; trunk is asymmetrical & head is not in midline.



With support at the sides, the trunk is symmetrical & the head in the midline.



With full trunk support, trunk is symmetrical, head in midline; cut-out tray brings arms forward & offers extra support.

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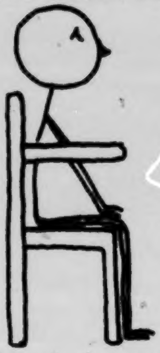
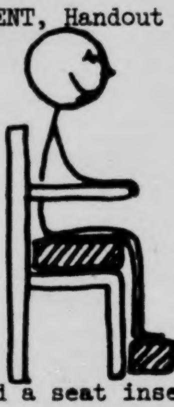
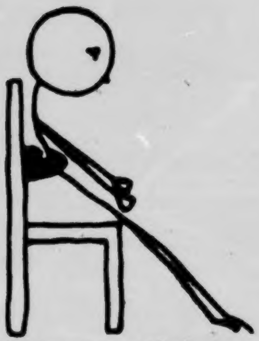


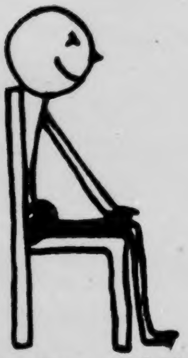
If the chair arms are too high....



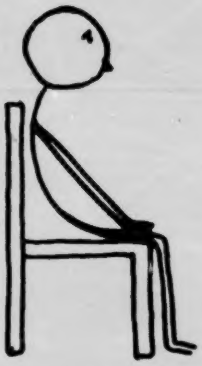
add a seat insert (if necessary, then add blocks to support the feet.)



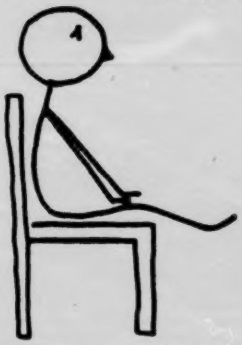
Strap too high, allowing hip extension which causes child to slide down & hang from strap.



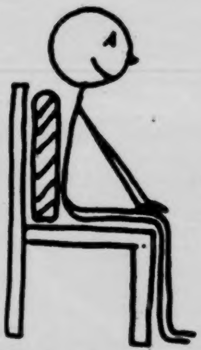
Strap low, holding hips back & down; prevents hip extension & resulting sliding down in seat.



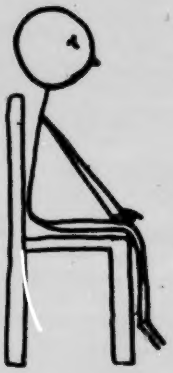
Seat too deep, causing curved back & extended hips ...or..



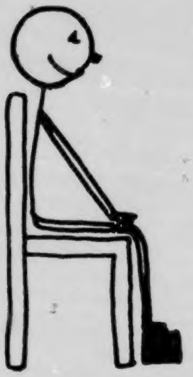
...preventing knee flexion.



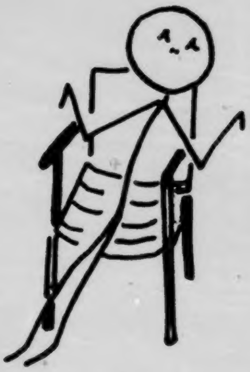
Back insert corrects effects of deep seat, allowing straight back, hip & knees flexed at 90°.



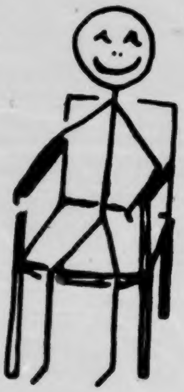
Chair too high or foot rests too low, causing the feet to hang in plantarflexion.



Blocks placed under feet maintain the ankles at 90°.



Chair seat is not firm (e.g. sling seat in wheelchair), giving insufficient support & causing poor posture.



Firm seat insert gives support for correct posture.

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GROSS MOTOR DEVELOPMENT

Handout 4

Name: ______________________________

Date: ______________________________

Description of Child: The child is 24 month old, with an overall developmental delay.

Instructional Objective: The child will be able to walk with support a distance of 2-3 feet.

Activity	Materials	Method	Position of Child and Adult	Evaluation
Side stepping along furniture.	Furniture with a surface at armpit level. Several toys of high interest to child.	Place child so that s/he has feet planted in stable base and is holding on with both hands. Place toy 3 feet to the side of child on top of raised surface, drawing attention to it and encouraging child to go for it. At first give physical assistance by moving child's legs if necessary. Measure distance child has walked.	Child - at one end of furniture. Adult - 3 to 4 feet to the side, activating toy and calling child's attention to it. Adult is behind the child if physical assistance is necessary.	
Walking forward, holding onto push toy with stable base.	Push-toy with stable base (giraffe, push cart, etc.) and handle about armpit level.	Place child so that s/he has feet planted in stable base and is holding on with both hands. Verbally encourage child to walk forward. Pull toy slowly forward to get child started. At first, aid child to move legs alternately if necessary. Measure distance child has walked.	Child - behind and holding onto push toy. Adult- directly in front of and facing child. Adult is behind the child if physical assistance is necessary.	

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GROSS MOTOR DEVELOPMENT

Name: ______________________ Handout 5 Date: ______________________

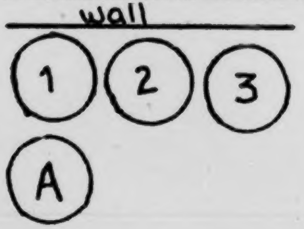
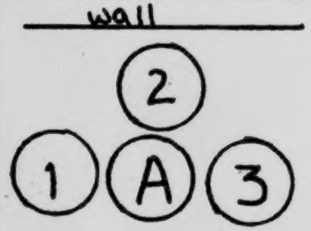
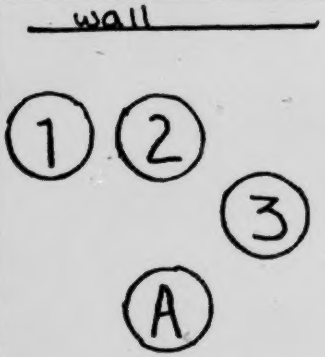
Description of Children: 1) 3 year old with moderate developmental delay.

2) 3½ year old with moderate visual impairment.

3) 4 year old with mild developmental delay.

Instructional Activity: Will kick a large ball (8" diameter).

Instructional Method: Adult gives a demonstration of kicking ball. S/he then places ball in front of child, stands child appropriate distance from wall and encourages child to kick ball toward square on wall.

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: Following demonstration the child will kick large ball distance of 3 feet 3 consecutive times given verbal cues.	Large sponge ball (8" diam) Open floor space 10' x 10' Red paper square 2' x 2'	Adult stands next to child to demonstrate; repeats demonstration. Adult stands behind child after placing child 3 feet out from and facing wall & placing ball at child's feet. S/he gives verbal cues to kick ball toward red square on wall. Repeat 3 times.		
Child 2: Following demonstration the child will kick a large ball distance of 1 foot 3 consecutive times given physical assistance & verbal cue.	Large sponge ball (8"diam.) Open floor space 10' x 10' Red paper square 2' x 2'	Adult gives child ball to feel & explains kicking. With child 2 feet from wall, adult places ball in front of child's foot. Standing behind child, adult physically assists & simultaneously gives verbal cues to kick ball toward square. Repeat 5 times.		
Child 3: The child will kick large ball distance of 5 feet 5 consecutive times given verbal cues.	Large sponge ball (8"diam.) Open floor space 10' x 10' Red paper square 2' x 2'	With child 5 feet from wall, adult places ball in front of child's feet. Adult stands behind child & gives verbal cues only to kick ball toward square. Repeat 5 times.		

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Worksheet 1

Positioning Children with Motor Involvement

This worksheet provides an opportunity to practice positioning children (using doll or other person) with motor problems. Suggested problems include: late persistence of tonic labyrinthine reflex, extension dominating, in sitting or carrying; late persistence of asymmetrical tonic neck reflex in sidelying or supine; abnormally strong positive support reflex in standing; extensor hypertonicity of the lower extremities sitting on chair; flexor hypertonicity of the trunk, upper and lower extremities,in carrying; hypotonicity in carrying or prop sitting.

Problem	Position	Suggested Guidelines
Example: late persistance of asymmetrical tonic neck reflex.	sidelying	Head in midline and flexed slightly forward. Shoulders slightly forward. Hands in midline.

GROSS MOTOR DEVELOPMENT

Worksheet 2

Name:____________________________ Date:________________________

Description of Child: The child is 26 month old, with a mild visual impairment resulting in some delayed skills.

Instructional Objective: The child will walk up three stairs, holding rail with one hand, two feet on each step.

Activity	Materials	Method	Position of Child and Adult	Evaluation

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GROSS MOTOR DEVELOPMENT

Worksheet 3

Name:______________________________ Date:__________________________

Description of Child: The child is 48 month old, with a mild developmental delay.

Instructional Objective: The child is able to walk on a board (2½" wide & 8' long) 4" high from the floor, without stepping off the board.

Activity	Materials	Method	Position of Child and Adult	Evaluation

GROSS MOTOR DEVELOPMENT

Name:______________________________ Date:______________________

Worksheet 4

Description of Children: 1) 3½ year old with mild developmental delay.

2) 5 year old with a short attention span and moderate developmental delay.

3) 4½ year old with mild language delay.

Instructional Activity: Given demonstration, will balance on one foot independently during 3 different motor imitations.
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: Following demonstration, the child will balance on 1 foot independently for 1 second during each imitation given verbal cues.				
Child 2: Following demonstration, the child will balance on 1 foot for 2 seconds during each imitation given physical assistance and verbal cues.				
Child 3: Following demonstration, the child will balance on 1 foot independently for 4-8 seconds during each imitation given verbal cues.				

MITTP/Dartmouth Medical School/1978

GROSS MOTOR DEVELOPMENT

Name:______________________________ Worksheet 5 Date:____________________

Description of Children: 1) 5 year old with moderate developmental delay and short attention span.

2) 4½ year old with moderate hearing impairment.

3) 4 year old with mild developmental delay.

Instructional Activity: Will maneuver through an obstacle course with 5 obstacles.
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: The child will complete obstacle course given physical assistance and verbal cues.				
Child 2: The child will complete obstacle course given demonstration, visual & verbal cues.				
Child 3: The child will complete obstacle course given verbal cues.				

Suggested Assignments

Readings:

Connor, R.P., et al., 1978, pp. 99-137, 147-154, 165-169, 172-174, 176-178.
Finnie, N.R., 1975, pp. 32-67, 141-201.

Activities:

1. Match the following developmental skills with their appropriate age level (2 for each age level). (1)
   independent walking
   head control in supported sitting
   pulling up to standing on furniture
   ascending, descending stairs, marking time
   developing extension against gravity in prone
   independent standing
   belly crawling, creeping
   walking sideways, backwards
   head and hands in midline (sustained) in supine
   developing body righting, segmental rolling
   running
   head righting, head control in prone
   kicking a large ball
   developing independent sitting and balance in sitting
   a) Birth to 4 months ____________________
   ____
   b) 4 to 6 months ____________________
   ____
   c) 6 to 8 months ____________________
   ____
   d) 8 to 12 months ____________________
   ____
   e) 12 to 18 months ____________________
   ____
   f) 18 to 24 months ____________________
   ____
   g) 24 to 36 months ____________________
   ____

2. Indicate which of the following statements are true or false by checking the appropriate line. (2)
   T F
   ___ ___ a. Control of the legs is achieved before control of the arms.
   ___ ___ b. Although the rate at which children reach milestones varies, the sequence is the same.
   ___ ___ c. Development proceeds from mass movements to finer movements.
   ___ ___ d. Controlled movements of the fingers are achieved before controlled movements of the shoulders.
   ___ ___ e. A child learns and perfects a motor skill before working on acquiring a new motor skill.

3. Match the description of each child to the reflex s/he displays. Use each reflex once. (3)
   a. Tonic labyrinthine
   b. Asymmetrical tonic neck
   c. Positive support
   ___1) Beth has severe spasticity in all extremities. Although she is 3½ years old, she cannot roll over; when she turns her head to

one side, her arms assume the fencing posture; she cannot initiate the roll with one arm because her shoulder is "locked" in retraction and abduction and the other arm remains stiffly extended out to the side and interferes with the rolling.

___2) Tommy is a 2½ year old with moderately increased tone in his lower extremities. He can roll in both directions, sit independently and has a good reciprocal crawl. However, when he pulls to stand he tends to go up on his toes, regardless of the position of his head. This inability to weight-bear with his feet flat interferes with his learning to walk.

___3) Sandy is a 20 month old twin, who was born prematurely. She is hypertonic and has difficulty maintaining independent sitting. If her head extends, her back, hips and knees stiffen in extension and she falls backward.

4. Match the following terms with their appropriate descriptions. (4)

a. hypertonicity d. fluctuating tone
b. hypotonicity e. limitations in joint range of motion
c. flaccidity

___1) Karl is a 3 year old child with spina bifida. He has no muscle power and therefore no movement in his legs from the hips down.

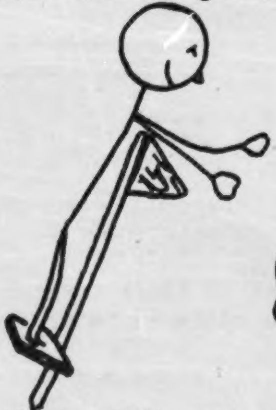
___2) Alice is a five year old girl with cerebral palsy. When she reaches for a toy, she often overshoots and has random, unwanted movements in her arms and throughout her body.

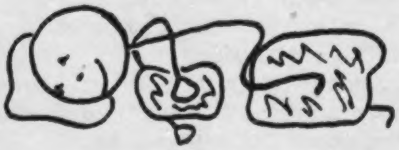
___3) Louise is a six month old child. When she is in the prone position, the head and shoulders are pulled down in flexion, the arms are often bent underneath the chest, and the hips and knees are partially flexed.

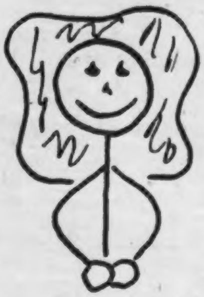
___4) John is six years old and has cerebral palsy. His ankles have very little movement and are fixed in such a position that when he stands, he is unable to bend his ankles and get his feet flat on the floor.

___5) Marie is three months old. When in the supine position, she spreads out loosely in a frog-like posture with her legs rolled out and wide apart.

5. Circle the best position to inhibit the asymmetrical tonic neck reflex. (5)







6. Indicate whether the following statements are true or false by checking the appropriate line. (5)

T F
___ ___ a. The wedge is best used for encouraging independent sitting.
___ ___ b. The wedge is better than the roll to stimulate trunk rotation.
___ ___ c. Punching a light, inflatable punching toy can be useful in developing equilibrium.

___ ___ d. A corner chair will help the child improve equilibrium in independent sitting.

___ ___ e. A wedge can be useful in stimulating head control.

7. Match the following conditions with the appropriate guideline for handling that condition; use each guideline once. (6)

a. hypertonicity	c. fluctuating tone
b. hypotonicity	d. flaccidity

___1) Stabilize arms and legs and work in midranges.

___2) Protect limbs from pressure sores, cuts, burns, etc. due to lack of sensation and prevent contractures by correct positioning.

___3) Work to stimulate increased tone by encouraging weight bearing and movement.

___4) Break up the pattern of increased tone at the major joints, followed by encouraging movement.

8. Match the following automatic movement reactions with their appropriate descriptions. (8)

a. head righting	c. equilibrium
b. body righting	d. protective extension

___1) While lying on his back, Tommy sees a toy to the side. He swings one leg over the other and his hips, trunk, and shoulders rapidly follow the leg as he rolls over to prone to reach for the toy.

___2) Audrey is sitting and playing with her doll. Her sister gives her a hard shove backward and her arms immediately shoot out behind her to prevent her from falling.

___3) While holding Jack on her knee, his mother gently sways him from side to side. Although his body tilts to the side, his head always stays in a vertical position.

___4) Kristin is riding her bicycle. As she turns corners, her head leans to one side and her spine curves to the same side.

9. Using the activity sheets provided, plan two activities to reach each of the instructional objectives for the children described below. (9)

a. Description of child: The child is 34 months old, with an overall developmental delay.
Instructional Objective: The child will jump from the bottom step, one foot leading.

b. Description of Child: The child is 6 years old with an overall developmental delay.
Instructional Objective: The child will balance on one foot independently for 2-3 seconds.

10. Plan a meeting with your supervisor to determine an appropriate gross motor objective for a child with whom you work. Using the activity sheet provided, plan two activities with your supervisor's approval. After completion of the activities, write two evaluation comments describing how the child performed the activities. (11)

11. Using the activity sheets provided, plan how to implement the activities for the children described below. (10)

a. Description of children:
   1) 3½ year old with mild developmental delay.
   2) 5 year old with a short attention span and moderate developmental delay.
   3) 4½ year old with mild language delay.

Instructional Activity: Will walk a straight line, 1 inch wide and 10 feet long.

Instructional Objective for each child:
1) Child 1: The child will walk on a straight line with one foot on the line, other foot beside the line, given verbal cues.
2) Child 2: The child will walk on a straight line placing heel against toe of other foot, given physical assistance and verbal cues; may step off line 2-3 times.
3) Child 3: The child will walk on straight line without stepping off, given verbal cues.

b. Description of children:
1) 5 year old with moderate developmental delay and short attention span.
2) 4½ year old with moderate hearing impairment.
3) 4 year old with mild developmental delay.

Instructional Activity: Will jump from bottom step.

Instructional Objective for each child:
1) Child 1: The child will jump from botton step with both feet together given physical assistance and verbal cues.
2) Child 2: Child will jump from bottom step with both feet together given demonstration and verbal cues.
3) Child 3: The child will jump off bottom step with both feet together given verbal cues.

12. Plan a meeting with your supervisor to determine an appropriate gross motor activity which could be implemented with a group of three children in your facility. Using the activity sheet provided, plan the activity with your supervisor's approval. After completion of the activity, write an evaluation comment describing how each child performed. (11)

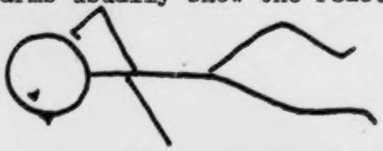
GROSS MOTOR DEVELOPMENT

Suggested Test Questions

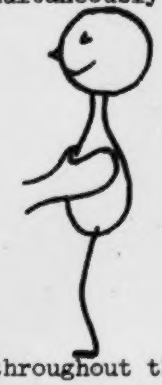
Match each of the following developmental skills with its corresponding age level. (1)
___ 1. walking   a. 36 months
___ 2. rides tricycle   b. 14 months
___ 3. sitting   c. 8 months
___ 4. runs well   d. 24 months

Match the definitions to the following primitive reflexes: (3)
___ 5. Tonic labyrinthine
___ 6. Asymmetrical tonic neck
___ 7. Positive support

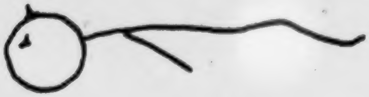
a. With rotation of the head to one side, extensor tone increases in the extremities on the jaw side and flexor tone increases in the extremities on the skull side; the arms usually show the reaction more strongly than the legs.

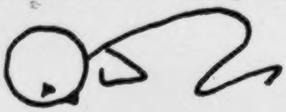


b. When the child is held so that his/her feet are touching the floor, the flexor and extensors of the legs contract simultaneously and the child bears most of his/her own weight.



c. With head extended, extensor tone increases throughout the body; this dominates in the supine position. With the head flexed forward, flexor tone increases throughout the body; this dominates in the prone position.





Indicate whether the following statements are true or false by checking the appropriate line.

T F
___ ___ 8. Bouncing a spastic child on his/her toes can aggravate abnormal postures and retard progress toward standing. (6)
___ ___ 9. Handling the spastic child is best done with quick movements. (6)
___ ___ 10. Bunny-hopping and W-sitting in the child with cerebral palsy should be discouraged. (6)
___ ___ 11. When lifting a child with fluctuating tone, it is best to sit the child up symmetrically before lifting him/her. (6)
___ ___ 12. When playing with a child with fluctuating tone, it is important to keep toys in the midline. (6)

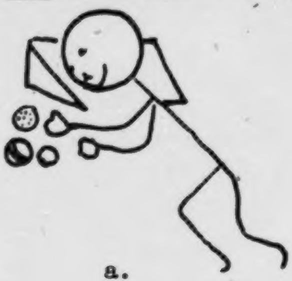
T F

___ ___ 13. It is important to work on trunk rotation in sitting while working on independent sitting. (5)

___ ___ 14. When a child is working on independent standing, s/he is perfecting equilibrium in 4-point. (5)

Of the positions shown, select the one which would best inhibit each of the following reflexes:(6)

___ 15. Tonic labyrinthine (flexor tone dominating)
___ 16. Asymmetrical tonic neck
___ 17. Positive supporting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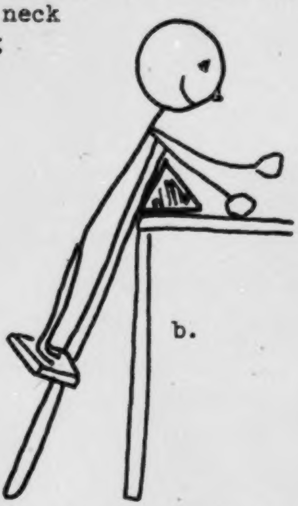
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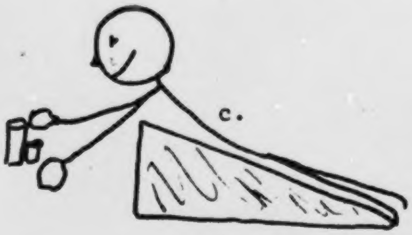
c.

18.
19. Melissa is a 5 month old spina bifida child with hydrocephalus (an enlarged head). She needs to develop better head control, since she can only lift her head for a few seconds when in prone and her head is unsteady when held in sitting. Check the two positions or activities which would help her gain improved head control. (5)

___ a. when held in supported sitting, give maximal support to her head.
___ b. placed in prone on a wedge, over a roll, or on parent's lap, interest her in a toy so that she will lift her head.
___ c. in supine, place a pillow under her head.
___ d. position her so that her head and hands are in the midline.
___ e. when carrying her at your shoulder, support her so that her head is not resting on you and she must work to support herself.

Suggested Test Demonstrations

Directions:

You will be asked to demonstrate, using a doll, each of the following. You will be allowed one minute for each demonstration.

Criterion for Passing:

You must include 3 aspects important to the child's position in order to pass each demonstration.

1. Correct carrying to inhibit flexor hypertonicity of the trunk, upper and lower extremities.

2. Correct carrying of the hypotonic child to encourage head and trunk control.

GROSS MOTOR DEVELOPMENT

Suggested Test Questions

Match each of the following developmental skills with its corresponding age level. (1)

b 1.	walking	a.	36 months
a 2.	rides tricycle	b.	14 months
c 3.	sitting	c.	8 months
d 4.	runs well	d.	24 months

Match the definitions to the following primitive reflexes: (3)

c 5. Tonic labyrinthine
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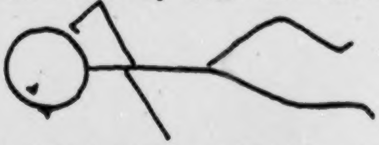
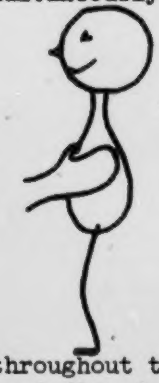
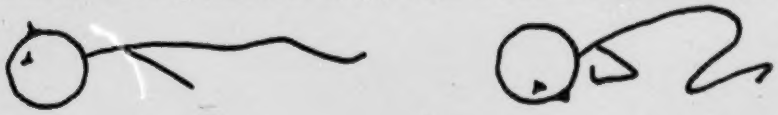


b. When the child is held so that his/her feet are touching the floor, the flexor and extensors of the legs contract simultaneously and the child bears most of his/her own weight.



c. With head extended, extensor tone increases throughout the body; this dominates in the supine position. With the head flexed forward, flexor tone increases throughout the body; this dominates in the prone position.



Indicate whether the following statements are true or false by checking the appropriate line.

T F

x ___ 8. Bouncing a spastic child on his/her toes can aggravate abnormal postures and retard progress toward standing. (6)

___ x 9. Handling the spastic child is best done with quick movements. (6)

x ___ 10. Bunny-hopping and W-sitting in the child with cerebral palsy should be discouraged. (6)

x ___ 11. When lifting a child with fluctuating tone, it is best to sit the child up symmetrically before lifting him/her. (6)

x ___ 12. When playing with a child with fluctuating tone, it is important to keep toys in the midline. (6)

T F

___ x 13. It is important to work on trunk rotation in sitting while working on independent sitting. (5)

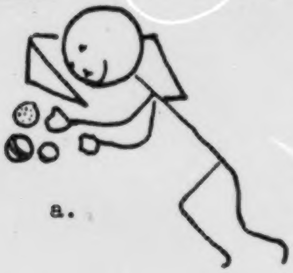
x ___ 14. When a child is working on independent standing, s/he is perfecting equilibrium in 4-point. (5)

Of the positions shown, select the one which would best inhibit each of the following reflexes: (6)

c 15. Tonic labyrinthine (flexor tone dominating)

a 16. Asymmetrical tonic neck

b 17. Positive supporting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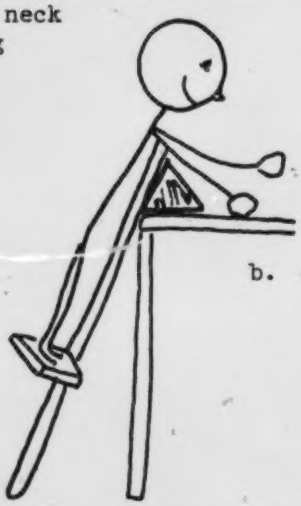
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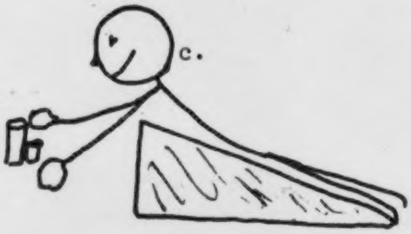
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19. Melissa is a 5 month old spina bifida child with hydrocephalus (an enlarged head). She needs to develop better head control, since she can only lift her head for a few seconds when in prone and her head is unsteady when held in sitting. Check the two positions or activities which would help her gain improved head control. (5)

___ a. when held in supported sitting, give maximal support to her head.

x b. placed in prone on a wedge, over a roll, or on parent's lap, interest her in a toy so that she will lift her head.

___ c. in supine, place a pillow under her head.

___ d. position her so that her head and hands are in the midline.

x e. when carrying her at your shoulder, support her so that her head is not resting on you and she must work to support herself.

Suggested Test Demonstrations

Directions:

You will be asked to demonstrate, using a doll, each of the following. You will be allowed one minute for each demonstration.

Criterion for Passing:

You must include 3 aspects important to the child's position in order to pass each demonstration.

1. Correct carrying to inhibit flexor hypertonicity of the trunk, upper and lower extremities.

   Suggested criteria:

   a. head and neck in neutral or slightly extended

   b. brunk slightly extended

   c. hips slightly extended

2. Correct carrying of the hypotonic child to encourage head and trunk control.

   Suggested criteria:

   a. legs flexed and together

   b. firm support at the hips

   c. sufficient support at trunk to maintain upright position

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

PERCEPTUAL-MOTOR DEVELOPMENT

Primary Author

DONNA L. SCHLACHMAN, O.T.R.

MODEL INFANT AND TODDLER PROJECT
Department of Psychiatry
Dartmouth Medical School

Instructor's Guide

Overview

This unit presents basic information about perceptual-motor development and remediation.

Prerequisites

For the Instructor - The instructor should be a registered occupational therapist with pediatric experience.

For the Student - The student should have completed the units Overview of Development: Normal and Exceptional, Overview of Program Implementation Skills, Principles of Instruction, Gross Motor Development, or their equivalent.

Time Needed

Approximately 12 hours.

Materials Needed

1. To be duplicated for each person:
    - Handouts 1 - 4
    - Worksheets 1 - 4
    - Assignments
    - Activity Sheet I (3 copies)
    - Activity Sheet II (3 copies)

2. Other materials
    - Perceptual-motor activity guides

Physical Arrangements Needed

None

Objectives

1. The student will be able to define the following terms:
    - a. perception
    - b. perceptual-motor
    - c. body concept
    - d. motor planning

2. The student will be able to explain the need for each of the following in relation to perceptual-motor development:
    - a. the sensory and motor systems
    - b. central nervous system maturation
    - c. the environment

3. The student will be able to give an example of each of the following terms:
    - a. perceptual constancy
    - b. tactile/kinesthetic discrimination
    - c. laterality and directionality
    - d. visual-perceptual discrimination

4. The student will be able to identify when the guidelines for perceptual-motor tasks are appropriately followed in specific situations.

5. The student will be able to suggest two activities which may prove useful in helping delayed or atypical children develop perceptual-motor skills.

6. Given descriptions of a group of children, the student will be able to plan and implement appropriate group perceptual-motor activities.

7. Given perceptual-motor objectives for children with whom s/he works, the student will be able to plan and implement appropriate activities.

Outline

I. Introduction
    A. Definition of terminology
        1. perception
        2. perceptual-motor development
    B. Importance to other developmental areas

    References: Banus, B.S., 1971, pp. 279-281.
    Bee, H., 1975, pp. 121-140.
    Kephart, N.C., 1971, pp. 1-21.
    Stephens, B. (Ed.), 1971, pp. 168-175.

II. Perceptual-motor development
    A. Components of development (Handout 1)
        1. role of the sensory and motor systems
            a. visual
            b. vestibular
            c. proprioceptive/kinesthetic
            d. tactile
            e. auditory
            f. olfactory
        2. the brain as a mechanism for sensorimotor integration
        3. the influence of environment on perceptual-motor development
    B. Aspects of perceptual-motor development
        1. body concept
        2. motor planning

3. perceptual constancy
4. tactile/kinesthetic discrimination
5. laterality and directionality
6. visual-perceptual discrimination (figure-ground, form, size, position)

C. Overview of developmental milestones (Handout I)
D. Effects on other developmental areas (Handout (Handout II)

References: Ayres, A.J., 1973, pp. 54-74, 165-176, 247-253.
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Cratty, B.J., 1970, pp. 1-43, 67-94, 101-137.
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Henderson, A. & Coryell, J. (Eds.), 1972, pp. 27-32.
Kephart, N.C., 1971, pp. 1-21, 79-120.
Stephens, B. (Ed.), 1971, pp. 175-205.
Willard, H. & Spackman, C. (Eds.), 1971, pp. 417-419, 441, 443, 453-457.

III. Effects of handicapping conditions on perceptual-motor development

References: Ayres, A.J., 1973, pp. 165-171.
Connor, F.P., et al., 1978, pp. 128-131.
Gubbay, S.S., 1975, pp. 43-56, 140-154.
Jastrzembska, Z.S., 1976, pp. 1-14.
Kephart, N.C., 1971, pp. 52-54.
Van Benschoten, R., 1975, pp. 615-617.
Willard, H. & Spackman, C. (Eds.), 1971, pp. 459-461.

IV. Remediation

A. Overview of major theorists
B. Activities and materials (Handout 2, activity guides)
C. Equipment
D. Activity planning (Handout 3, Worksheets 1 & 2)
E. Individual vs. group sessions (Handout 4, Worksheets 3 & 4)
F. Role of specialists

References: Ayres, A.J., 1973, pp. 113-133, 145-164, 177-189, 201-206.
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Cratty, B.C., 1970, pp. 247-266.
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Myers, P.I. & Hammil, D.D., 1970, pp. 175-205.

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Handout 1

Overview

I. Introduction
  A. Basic premise
    - to function appropriately the individual must be able to correctly interpret sensory and motor information.
  B. Terminology
    1. Perception
      a. the process by which the individual puts meaning to sensory information.
      b. the process of organizing sensations for use.
    2. Perceptual-motor development
      a. definition
        - the development of ability to put meaning to sensory information in order to plan and carry out purposeful movements.
      b. it is important to overall development because it allows the individual to make appropriate responses to the environment; this includes gross and fine motor responses as well as cognitive/adaptive responses.
      c. "perceptual-motor"
        1) one cannot separate "perception," the interpretation of sensory input, from the "motor" response which follows. How we interpret the world is most often demonstrated by a motor act, especially early in life. For example, children demonstrate their understanding of the space around them and their relationship to it by moving around obstacles, completing puzzles, jumping down from heights. As they mature, they are able to use words such as "bigger than," "under," "the same" to demonstrate awareness of environmental relationships.
        2) In addition, "motor" is crucial when discussing perceptual-motor development because all motor acts inherently provide sensory input via proprioceptive, vestibular, tactile, and visual feedback.

II. Types of sensory information or input
  A. Visual: Vision monitors both the environment and one's movements: it gives meaning to tactile and proprioceptive experiences. It directly influences the ability to handle more complex information as one matures.
  B. Vestibular or gravity: This is the most elementary of sensory inputs, telling one's moving or stationary position in relation to earth. It is this input which helps one maintain the head in an upright position.
  C. Proprioceptive: This is sensory information from the body (from muscles, tendons, joints) which tells the position in space, and the positional relationship of body parts to each other and to the environment. It is important in the development of the integration of function of the two sides of the body. Proprioceptive input is an important contributor to coordinated motor activity.
  D. Tactile: This includes input from light touch, pressure touch, hot/cold, sharp/dull, pain, shape, texture, hard/soft, etc. The development of increased ability to discriminate tactile input is closely linked with increased ability to control movements. The ability to perform fine manipulations is dependent, in part, on the ongoing tactile feedback movements provide.
  E. Auditory: This is information from our sound receptors.
  F. Olfactory: This is information from our odor receptors.

III. Components of perceptual-motor development

A. C.N.S. Maturation: Maturation of the central nervous system enables more complex information to be gathered, interpreted, stored and enables the individual to interact (motor output) appropriately with the outside world.

B. Environment: Stimuli (input) from the environment is essential for normal growth and maturation. (The importance of this concept is well illustrated by deprivation studies).

C. Body Concept: The development of body concept is a gradual process by which the individual develops a "mental map" of the body and how it moves. It is the foundation for purposeful movement.

D. Motor Planning: With C.N.S. maturation, environmental experience, and body concept development, comes the learned ability to plan and direct one's movements in an increasingly skilled manner.

IV. Perceptual-motor dysfunction

A. Definition: This is the inability to adapt to and to integrate environmental experiences.

B. Perceptual-motor dysfunction is not a single diagnosis nor is it a disease. It may result from a number of causes. Dysfunction of any sensory input system (vestibular, proprioceptive, tactile, visual), or dysfunction of the output system (as in the motor deficits accompanying cerebral palsy or spina bifida), or a combination of the above may create deficits in perceptual-motor functioning.

C. Specialized testing is required in order to properly determine the nature of the perceptual-motor dysfunction so that appropriate treatment can be provided.

Handout 2

Instructional Objective	Possible Activities (Ayres, 1973; Fink, 1977; Braley, et al., 1968)
To increase ability to make use of tactile information in manipulating and discriminating objects.	1. Activities to increase childs tolerance for tactile input. a. adult rolls large (3') beach ball over child as s/he lies prone or supine. b. child lies in carpet-lined barrel and makes barrel roll or rocks back and forth. c. child or adult rubs body parts with cloth of various textures. 2. Activities to improve gross tactile discriminatory abilities. a. child sorts materials by texture. b. child closes eyes, adult sees if child can accurately locate: 1) touch in two different places. 2) touch in two different places simultaneously. 3) the direction of a moving stimulus. c. adult touches child's body parts with various items; child identifies item: 1) fur 2) wooden block 3) ice cube 3. Activities to encourage form and object discrimination by touch. a. object matching: adult places 4-5 objects on the table in view of child; child puts hand under table and matches object placed in hand to similar object on table. b. "feelie bag"; common objects are concealed in a bag. Child puts hand in and identifies by touch. c. child identifies by touch different felt shapes mounted on cardboard.
To improve child's ability to accomplish skilled motor acts in an organized coordinated manner.	1. Activities to increase awareness of limb and trunk position. a. lying on scooter board, child pushes self off wall, using feet or hands, to a predetermined point. b. with 10 ounce weighted cuffs on either one or both wrists, child propels self on a scooter board. c. wheelbarrow and animal walks: 1) wheelbarrow: child walks on hands with feet held by partner or adult. 2) duck walk: squat position with hands on hips. 3) elephant walk: bent over with arms extended to floor and hands clasped.

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Instructional Objective	Possible Activities
	2. Gross motor planning activities in prone or supine. a. lying on scooterboard, child follows obstacle course using feet only, arms only, going forward, backward. b. lying on scooterboard on low friction material, child propels self along long rope secured at two points between 6" and 1' off floor. Child uses hand over hand manner. c. child lies in carpeted barrel or cardboard box (with no lid). and propels along ground by rolling. 3. Gross motor planning activities in sitting or 4-point. a. a & b above in sitting position. b. child follows vinyl patterns of hands and knees to go through an obstacle course. c. crab walk: child squats down, reaches backward and puts both hands on floor behind him/her without sitting down. 4. Gross motor planning activities in standing. a. child follows foot patterns. b. child performs sequences of movements to own voice; jump, hop, jump, jump, hop. c. child imitates postures performed by adult.
To increase child's awareness of body position in space and awareness of parts and how they move in relation to total body and each other.	1. Balancing activities to increase awareness of body position in space. a. child assumes puppy position. 1) raises one arm high in air first forward, then to the side; repeats with leg on same side of body; repeats with arm and leg on opposite side. 2) raises arm and leg on opposite sides simultaneously. b. child assumes various positions on equilibrium board and maintains balance as adult tilts board. c. balance beam tasks. 1) walking with arms out to side. 2) walking with arms straight up. 3) walking sideways, backwards. 2. Body awareness activities in supine or prone. a. child lies on floor with arms at sides and feet together. 1) lifts head and looks at toes. 2) rolls head to left so ear touches floor; rolls head to right. 3) rolls from back to stomach and back again. b. "snake": child lies on back, arms together overhead. Bends at hips and waist moving body side to side. c. angels-in-snow.

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PERCEPTUAL-MOTOR DEVELOPMENT, Handout 2

Instructional Objective	Possible Activities
	3. Body awareness activities in quadruped or standing. a. in puppy position: child is told to slowly move arms and legs in various directions. 1) right arm and left leg forward. 2) right arm and left leg backward. 3) right arm forward, left leg backward. b. in standing: child is asked to move a body part or touch a body part with another body part. c. walking: 1) with toes facing each other. 2) with heels together. 3) on heels, fast and slow.
To improve bilateral motor coordination and left-right discrimination.	1. Activities which emphasize body sides (bilaterality). a. angels-in-snow tasks. 1) symmetrical movement. 2) asymmetrical movement. b. two-handed (footed) symmetrical tasks. 1) ball a) kicking or "catching" with both feet in sitting or supine position. b) pushing, catching and throwing with both hands. 2. 2) clapping/drumming rhythm games. 3) rolling play dough, with and without a rolling pin. c. crossing the midline with both hands simultaneously. 1) hula hoop games (imitation of postures, etc.) 2) holding bat in horizontal position and hitting a target. 2. Activities which contrast body sides. a. hopping tasks. b. hitting suspended ball as it swings past hand. c. crossing midline with one hand in reaching, throwing, placing tasks. 3. Activities which require Left-Right discrimination. a. foot/hand pattern tasks. b. "simon says" tasks. c. "Twister" game.
To improve visual perceptual skills.	1. Activities to improve form and space perception. a. all activities mentioned above which increase child's awareness of whole body in space and bilaterality.

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Instructional Objective	Possible Activities
	b. discrimination tasks using three-dimensional materials. 1) sorting tasks using geometic forms 2) pegboard and block tasks. 3) parquetry blocks. c. visual discrimination tasks using two-dimensional materials. 1) matching directional cards. 2) selecting lines going in same direction. 3) selecting configurations which are the same. 2. Activities to improve visual spatial sequencing. a. lining up objects according to a designated horizontal sequence. b. copying or reproducing from memory left to right sequences using objects, colored cubes, beads, etc. c. copying or reproducing from memory a two-dimensional sequence using pictures, stamps, or writing. 3. Activities to improve figure-ground perception. a. "I see something" using whole room and then pictures. b. finding all the dogs, cats, cars, etc. hidden in a picture; progress to numbers and letters. c. tracing a line of one color among several scribbled on a paper.
To improve fine motor planning.	1. Imitation activities to improve ability to plan gross arm movements. a. simon says using one arm on same side of body; crossing midline. b. simon says using two arms in same sides in parallel then opposing movements; crossing midline. c. simon says using more complex and isolated movements. 2. Unilateral activities involving sequencing movements. a. duplicating peg board and yarn patterns. b. following "roads" with finger paint. c. dot-to-dot pencil tasks. 3. Bilateral activities involving sequencing movements. a. stringing beads. b. weaving tasks. 1. paper 2. yarn 3. pot holders c. scissor tasks

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Name: ______________________ PERCEPTUAL-MOTOR DEVELOPMENT Date: ______________________

Handout 3

Description of Child: 6 year old who has difficulty organizing movements.

Instructional Objective: Child will participate in 2 unfamiliar obstacle course tasks, aimed at improving motor planning skills, for a total of 10 minutes.

Activity	Materials	Method	Position of Child and Adult	Evaluation
By crawling, the child follows obstacle course made up of barriers that the child must move between, over, under and around.	Large blocks Low stools Pillows Barrels Boxes	Adult sets up course which has a set path & in which the child must continually adjust position of body parts, i.e., there are frequent changes in direction, low squirms, slithers, over then around objects. Adult provides verbal cues if necessary; otherwise no adult participation in required. Continue for 5 minutes.	In 4-point (or crouched if necessary to get under barrier). Adult watches from nearby, or may follow on foot if child appears to require this motivation.	
Sitting on scooterboard, child propels scooter with hands and follows a single rope path keeping the rope between the wheels.	Scooterboard 20' rope	Adult lays out rope in curvy path. Child sits crosslegged on scooter. With the rope between the wheels, the child pushes the scooter along the path using parallel movements of upper extremities. If child goes off path, adult assists in reorienting scooter. Continue for 5 minutes.	Child sits on scooterboard. Adult watches from nearby, or may follow on foot is assistance is needed.	

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PERCEPTUAL-MOTOR DEVELOPMENT

Name:______________________________ Handout 4 Date:________________________

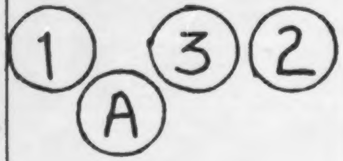
Description of Children: 1) 6 year old child who is blind.

2) 6 year old with developmental delays.

3) 6 year old with mild cerebral palsy.

Instructional Activity: Increasing body awareness and ability to direct movements when given verbal cues.

Instructional Method: Children, dressed in shorts and wearing 1 lb. weighted cuffs on each limb, lie on carpeted floor in supine. Adult verbally and/or manually directs them to move in specific ways.

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: Child will make appropriate movements given manual and/or verbal cues.	4 1-lb. weighted cuffs.	Adult helps children get in position & put cuffs around wrists & ankles. Adult tells group what movements to do & then manually cues child #1 to move correct limb. Adult verbally/manually corrects children when incorrect response is made. Movements: 1) keep legs together & arms at sides & roll toward door until I say stop. Roll back again. 2) clap hands above head keeping arms on floor. Clap to pattern: 1, 2,1,2,3,2,3,2,etc. 3) pick up legs & touch feet to hands. 4) sit up & put 1 hand on knee & other on foot;switch,switch,switch. 5) spread arms out to side; when I say "2 arms" bring both arms to sides & out again; "window arm" or "door arm", bring just that arm up: 2, window, door, window, 2, door, door, etc. Repeat using legs. 6) sit up; touch elbows together, elbows to thighs & elbows to waist on command: elbows, things, elbows, waist, thighs, waist, elbows, etc. 7) spread arms out to side. Bring straight up & clap window arm to elbow of door arm & visa versa on command.		
Child 2: Child will make appropriate movements given verbal cues only.	4 1-lb. weighted cuffs.		Adult stands or sits & gives physical cues to child #1. Children are positioned so that they do not touch each other when limbs are extended out to the side. They are on their backs unless otherwise specified.	
Child 3: Child will make appropriate movements 75% of the time given verbal cues only.	4 1-lb. weighted cuffs.			

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Worksheet 1

Name:____________________________________ Date:_______________________________

Description of Child: 2 year old who falls often and has difficulty negotiating obstacles.

Instructional Objective: The child will participate in two activities aimed at increasing body awareness for a total of 6 minutes.

Activity	Materials	Method	Position of Child and Adult	Evaluation

Worksheet 2

Name: ______________________________

Date: ______________________________

Description of Child: 4 year old who exhibits poor laterality. Uses Ⓡ hand for things on Ⓡ side of body & Ⓛ for things on Ⓛ side. Does participate in bilateral tasks, but upper extremity motor skills are below age level.

Instructional Objective: Child will participate in two activities aimed at increasing interaction of two sides of body, for a total of 10 minutes.

Activity	Materials	Method	Position of Child and Adult	Evaluation

PERCEPTUAL-MOTOR DEVELOPMENT

Name:______________________________ Worksheet 3 Date:______________________

Description of Children: 1) 4 year old with developmental delays.

2) 5 year old with developmental delays.

3) 5½ year old with developmental delays.

Instructional Activity: Increasing tactile/kinesthetic awareness - localizing or identifying tactile/kinesthetic stimulation.
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: Child will point to or verbally designate 10 places on body where she has been touched.				
Child 2: Child will identify 5 types of material that have touched her.				
Child 3: Child will identify the direction and/or type of 4 lines & 2 simple forms "drawn" on her back with a Q-tip.				

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PERCEPTUAL-MOTOR DEVELOPMENT

Name: ______________________________

Worksheet 4

Date: ______________________________

Description of Children: 1) 6 year old child who is developmentally delayed.

2) 5 year old child who is blind.

3) 5½ year old with severe hemiplegia.

Instructional Activity: Increasing perception of spatial relationships - sequencing materials.
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: Child will sequence 4 pictures of common objects given an identical vertical model.				
Child 2: Child will sequence 4 common objects given an identical vertical model.				
Child 3: Child will sequence 4 colored cubes given an identical vertical model.				

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Suggested Assignments

Activities:

1. Briefly define the following terms: (1)
   a. perception
   b. perceptual-motor development
   c. body concept
   d. motor planning

2. Identify two ways the sensory and motor systems contribute to perceptual-motor development. (2)

3. What role does the central nervous system play in perceptual-motor development? (2)

4. Based on studies of environmental deprivation identify two effects of environment on perceptual-motor functioning. (2)

5. For each aspect of perceptual-motor development listed below, give one example of an event and/or activity which illustrates its meaning. (3)
   example: visual-perceptual discrimination
   The child is able to put the rectangle in the correct space in a formboard; or The child locates all the squares on the worksheet.
   a. perceptual constancy
   b. tactile/kinesthetic discrimination
   d. laterality and directionality

6. Match each description of a child (1-4) with the activity which may help meet the child's needs (a-d).
   a. playing imitation games using two or more consecutive movements (4)
   b. raising limbs on command in various combinations when in 4-point. (4)
   c. identifying the direction of a moving stimulus applied to the back of the hand when vision is occluded. (4)
   d. holding a bat horizontally and hitting a ball suspended on a string. (4)
   ___ 1) Sidney is a 6 year old boy who has difficulty organizing his movements and therefore appears clumsy on the playground. Your objective is to improve his gross motor planning skills.
   ___ 2) Amanda is a 4 year old with normal motor skills but who has problems with visual space perception. Your objective is to improve her space perception using gross motor tasks.
   ___ 3) Kathy is a 5 year old girl who tends to use each hand independently of the other. Your objective is to stimulate bilateral coordination.
   ___ 4) Guy is a 6 year old who must visually monitor all his hand movements. Your objective is to improve his ability to rely on tactile cues.

7. Using the activity sheets provided, plan two activities to reach each of the instructional objectives for the children described below. (5)

   a. Description of Child: Sidney is a 5 year old with problems in form and space perception.
   Instructional Objective: Using three-dimensional materials, the child will be able to copy at least 2-dimensional patterns with verbal assistance only.

   b. Description of Child: Marylynn is a 6 year old who has poor paper/pencil skills and tactile perception.
   Instructional Objective: Using tactile cues only, the child will be able to discriminate 10 objects independently.

8. Plan a meeting with your supervisor to determine an appropriate perceptual-motor objective for a child with whom you work. Using the activity sheet provided, plan an activity with your supervisor's approval. After completion of the activity, write two evaluation comments for each, describing how the child performed the activities. (7)

9. Using the activity sheets provided, plan how to implement the activities for the children described below:

   a. Description of children:
      1) 4 year old developmentally delayed.
      2) 5 year old with mild hemiplegia.
      3 3) 5½ year old child who has low vision.

      Instructional Activity: Coordinating both sides of the body simultaneously, pulling self along rope suspended horizontally 12" from floor.

      Instructional Objective for each child:
      1) Child 1: child will pull self 10 feet with two hands simultaneously when in prone.
      2) Child 2: child will pull self 10 feet in hand over hand manner when in supine.
      3) Child 3: child will pull self 10 feet in hand over hand manner when in sitting.

   b. Description of children:
      1) 4 year old with developmental delays.
      2) 5 year old with developmental delays.
      3) 5½ year old with developmental delays.

      Instructional Activity: Improving figure-ground perception - finding objects or lines hidden in pictures.

      Instructional Objective for each child:
      1) Child 1: child will circle all the like objects "hidden" in a picture.
      2) Child 2: child will trace over a figure "hidden" in a picture.
      3) Child 3: child will trace over a continuous line "hidden" among others on a page.

10. Plan a meeting with your supervisor to determine an appropriate perceptual-motor activity which could be implemented with a group of three children in your facility. Using the activity sheet provided, plan the activity with your supervisor's approval. After completion of the activity, write an evaluation comment describing how each child performed.

Suggested Test Questions

Indicate whether the following statements are true or false by checking the appropriate line.

T F

___ ___ 1. Body concept refers to the individual's mental map of the body and how it moves. (1)

___ ___ 2. Running is an example of motor planning. (1)

___ ___ 3. Sensation is a synonym for perception. (1)

___ ___ 4. The vestibular system has little influence on the development of perceptual-motor skills. (2)

___ ___ 5. Motor acts primarily provide proprioceptive feedback. (2)

Match each of the following terms to the appropriate example:

a. perceptual constancy
b. tactile/kinesthetic discrimination
c. laterality and directionality
d. visual perceptual discrimination

___ 6. The child recognizes that she puts the first letter of her name on the left side of the paper. (3)

___ 7. The child recognizes the difference between a circle and a square. (3)

___ 8. The child recognizes a shape drawn on her back by the instructor. (3)

___ 9. The child recognizes a chair regardless of the angle from which she views it. (3)

For each of the following statements, indicate the most appropriate response.

10. ___ is a good activity which may increase a child's tolerance for tactile input. (4)
    a. rolling in a barrel.
    b. walking like an elephant.
    c. jumping in sequence.
    d. following an obstacle course.
11. Dale has little awareness of the position of her body in space. An activity which may help increase this awareness is ___. (4)
    a. matching objects by touch (vision occluded).
    b. assuming and maintaining various positions on a tilt board.
    c. making large circles while standing at a chalkboard.
    d. localizing to touch when 2 parts of the body are touched simultaneously.
12. ___ is a task which may help develop better fine motor planning skills. (4)
    a. object matching
    b. "feelie bag"
    c. shape sorting
    d. bead stringing
13. Figure-ground perception best refers to ___. (4)
    a. finding shapes that are the same size.
    b. finding objects hidden in a picture.
    c. finding lines going in the same direction.
    d. finding objects that are similar.
14. A child with poor visual sequencing skills may have difficulty ___. (4)
    a. copying a horizontal block design.
    b. matching pictures to objects.
    c. identifying big and little.
    d. completing a 5 piece puzzle.

Suggested Test Questions

Indicate whether the following statements are true or false by checking the appropriate line.

T F

_x_ ___ 1. Body concept refers to the individual's mental map of the body and how it moves. (1)

___ _x_ 2. Running is an example of motor planning. (1)

___ _x_ 3. Sensation is a synonym for perception. (1)

___ _x_ 4. The vestibular system has little influence on the development of perceptual-motor skills. (2)

___ _x_ 5. Motor acts primarily provide proprioceptive feedback. (2)

Match each of the following terms to the appropriate example:

a. perceptual constancy
b. tactile/kinesthetic discrimination
c. laterality and directionality
d. visual perceptual discrimination

_c_ 6. The child recognizes that she puts the first letter of her name on the left side of the paper. (3)

_d_ 7. The child recognizes the difference between a circle and a square. (3)

_b_ 8. The child recognizes a shape drawn on her back by the instructor. (3)

_a_ 9. The child recognizes a chair regardless of the angle from which she views it. (3)

For each of the following statements, indicate the most appropriate response.

10. _a_ is a good activity which may increase a child's tolerance for tactile input. (4)
    a. rolling in a barrel. c. jumping in sequence.
    b. walking like an elephant. d. following an obstacle course.
11. Dale has little awareness of the position of her body in space. An activity which may help increase this awareness is _b_. (4)
    a. matching objects by touch (vision occluded).
    b. assuming and maintaining various positions on a tilt board.
    c. making large circles while standing at a chalkboard.
    d. localizing to touch when 2 parts of the body are touched simultaneously.
12. _d_ is a task which may help develop better fine motor planning skills. (4)
    a. object matching c. shape sorting
    b. "feelie bag" d. bead stringing
13. Figure-ground perception best refers to _b_. (4)
    a. finding shapes that are the same size.
    b. finding objects hidden in a picture.
    c. finding lines going in the same direction.
    d. finding objects that are similar.
14. A child with poor visual sequencing skills may have difficulty _a_. (4)
    a. copying a horizontal block design.
    b. matching pictures to objects.
    c. identifying big and little.
    d. completing a 5 piece puzzle.

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

FINE MOTOR DEVELOPMENT

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FINE MOTOR DEVELOPMENT

Instructor's Guide

Overview

This unit presents basic information about fine motor development and remediation.

Prerequisites

For the Instructor - The instructor should be a registered occupational therapist with pediatric experience.

For the Student - The student should have completed the units Overview of Development: Normal and Exceptional, Overview of Program Implementation Skills, Principles of Instruction, Gross Motor Development, Perceptual-Motor Development, or their equivalent.

Time Needed

Approximately 12-15 hours.

Materials Needed

1. To be duplicated for each person:
   - Handout 1 - 5
   - Worksheets 1 - 4
   - Assignments
   - Activity Sheet I (3 copies)
   - Activity Sheet II (3 copies)

2. Other materials:
   - Assigned readings
   - Video tape: A Normal Baby: The Sensory Motor Processes of the First Year. (Blythedale Children's Hospital, Bradhurst Ave., Valhalla, N.Y.)
   - Video tape equipment.
   - Slides taken at a local facility which illustrate normal and abnormal fine motor development; remediation; positioning; materials
   - Samples or slides of adaptive equipment for writing, cutting, upper extremity positioning, etc.
   - Slide projector and screen
   - Fine motor activity guides
   - Fine motor materials
   - Large cloth doll for demonstration purposes

Physical Arrangements Needed

A room which can be darkened for the slide presentation

A large carpeted area (or mats) for demonstrations and student practice

FINE MOTOR DEVELOPMENT

Objectives

1. The student will be able to identify the ages of each of the following major developmental milestones:
    a. 6 months - palmer grasp of objects.
    b. 12 months - consciously releases object into container.
    c. 24 months - hands performing different actions when combining materials.
    d. 36 months - holds crayon with adult type grasp.

2. The student will be able to identify how various pre-ambulation gross motor activities contribute to the development of fine motor skills.

3. Given examples, the student will be able to describe how the upper extremities would normally be used as an actor and/or stabilizer.

4. The student will be able to identify basic principles in the development of each of the following upper extremity functions:
    a. reach
    b. grasp
    c. release
    d. manipulation
    e. tool usage

5. The student will be able to recognize the following primitive reflexes:
    a. grasp
    b. moro
    c. asymmetrical tonic neck
    d. tonic labyrinthine

6. The student will be able to identify when the guidelines for upper extremity tasks are appropriately followed in specific situations.

7. Given descriptions of children with handicaps, the student will be able to identify one important consideration when engaging the child in an upper extremity task:
    a. hypertonicity
    b. hypotonicity
    c. visual impairment
    d. fluctuating tone

8. The student will be able to demonstrate one correct position to decrease the influence of the following primitive reflexes during upper extremity tasks:
    a. tonic labyrinthine
    b. asymmetrical tonic neck

9. The student will be able to suggest two activities which may prove useful in helping delayed or atypical children develop a major developmental milestone.

10. Given descriptions of groups of children, the student will be able to plan and implement appropriate group fine motor activities.

11. Given fine motor objectives for children with whom s/he works, the student will be able to plan and implement appropriate activities.

Outline

I. Introduction to upper extremity development
    A. Perspective on the importance of fine motor function in normal development
        1. as tools for learning
        2. as tools for survival
        3. as instruments of intelligence

- B. Relationship to gross motor development (Slides)
  - 1. importance of the integration of primitive reflexes to the development of fine motor skills (Handout 1)
    - a. asymmetrical tonic neck
    - b. grasp
    - c. moro
    - d. tonic labyrinthine
  - 2. importance of pre-ambulation gross motor activities to the development of fine motor skills
    - a. developing shoulder and trunk stability and mobility
    - b. gaining sensori-motor awareness of body and limbs
    - c. developing arm and hand control
- C. Functions performed by the upper extremities
  - 1. role as stabilizer
  - 2. role as actor
- D. Overview of developmental milestones (Video tape - A Normal Baby, Handout I)
- E. Relationship to other developmental areas (Handout II)

References: Connor, F., et al., (Eds.), 1978, pp. 99-128.
Gesell, A., 1940, pp. 65-91.
Henderson, A. & Coryell, J. (Eds.), 1972, pp. 38-49.

- II. Motor development
  - A. Developmental trends (Slides)
    - 1. role of sensory information in developing eye-hand coordination
      - a. visual input
      - b. tactile input
      - c. proprioceptive/kinesthetic input
    - 2. progression in unilateral vs. bilateral function
    - 3. eye-hand coordination and the development of handedness
      - a. role of handedness in skill development
      - b. normative data regarding hand dominance
      - c. issues regarding cerebral dominance and handedness
    - 4. patterns of skill development
      - a. reach
      - b. grasp
      - c. release
      - d. minipulation
      - e. tool usage

References: Banus, B.S., 1971, pp. 290-292, 301-303, 319-320.
Connor, F., et al., (Eds.), 1978, pp. 99-128.
Cratty, B.J., 1970, pp. 39-42, 67-75, 123-165.
Finnie, N., 1975, pp. 213-267.
Gesell, A., 1940, pp. 18-57, 91-101.
Kopp, C.B., 1971, pp. 170-190.
Melnechuk, T. (Ed.), 1976, pp. 209-234.
Stone, L.S., et al., 1973, pp. 314-326, 577-583.
Herst, J., et al., 1976.

- III. Effects of handicapping conditions on fine motor development

References: Bobath, B. & Bobath, K., 1975, pp. 69-74, 9-10, 28-29, 88-89.
Connor, F., et al., 1978, pp. 128-182.
Elfant, I.L., 1977, pp. 23-28.
Finnie, N., 1975, pp. 213-267.

Grimm, R., 1976, pp. 235-240.
Halliday, C., 1971, pp. 15-34.
McCracken, A., 1975, pp. 397-402.

IV. Remediation
  A. Development vs. remediation
  B. Guidelines for play positions to enhance visual and motor aspects of activities (Slides, Handout 2)
  C. Activities and materials (Handout 3, activity guides)
  D. Adaptive equipment (Equipment, Slides)
  E. Activity planning (Handout 4, Worksheets 1 & 2)
  F. Individual vs. group sessions (Handout 5, Worksheets 3 & 4)
  G. Role of specialist

References: Banus, B.S., 1971, pp. 194-199, 297-304, 319-323.
Erhardt, R.P., 1974, pp. 592-596.
Finnie, N.R., 1975, pp. 51-61, 228-266.
Fink, B.E., 1977
Koontz, C.W., 1974.
Learning activity sheets, 1976.
Molloy, J.S., 1973, pp. 90-96.
Montgomery, P. & Richter, E., 1977.
Wabash Center for the Mentally Retarded, 1977.

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Herst, J., Wolfe, S., Jorgenson, G., Pallan, S. *SEED Developmental Profiles*. Denver: Sewall Rehabilitation Center, 1976.

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Koontz, C.W. *Koontz child development program: training activities for the first 48 months*. Los Angeles: Western Psychological Association, 1974.

Kopp, C.B. Readings in early development. Springfield, Il.: C.C. Thomas, 1971.

Learning activity sheets. Winston-Salem: Kaplan, 1976.

McCracken, A. Tactile function of educable mentally retarded children, American Journal of Occupational Therapy, 1975, 29(7), 397-402.

Melnechuk, T. (Ed.) Infant development program. Great Neck, NY: Johnson & Johnson, 1976.

Molloy, J.S. Trainable children. New York: John Day Co., 1973.

Montgomery, P. & Richter, E. Sensorimotor integration for developmentally disabled children: a handbook. Los Angeles: Western Psychological Association, 1977.

Stone, L.T., Smith, H.T., Murphy, L.B. (Eds.) The compecent infant. New York: Basic Books, 1973.

Wabash Center for the Mentally Retarded. Guide to early developmental training. Boston: Allyn & Bacon, 1977.

Handout 1

1. PALMAR GRASP

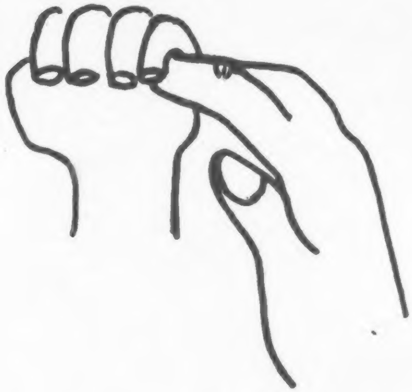
Origin: Birth

Integration: 3 to 6 months.

Method: Using index finger, give gentle pressure in the palm of the infant's hand, approaching from the "little finger" side.

Reflex: Flexion of fingers around examiner's index finger.

Importance: 1) This reflex must be integrated for a voluntary grasp to develop.
2) Warning signs for potential problems: a) absence
b) asymmetry
c) late persistence



As a group discuss the effect on functioning with late persistence of GRASP reflex:

2. MORO

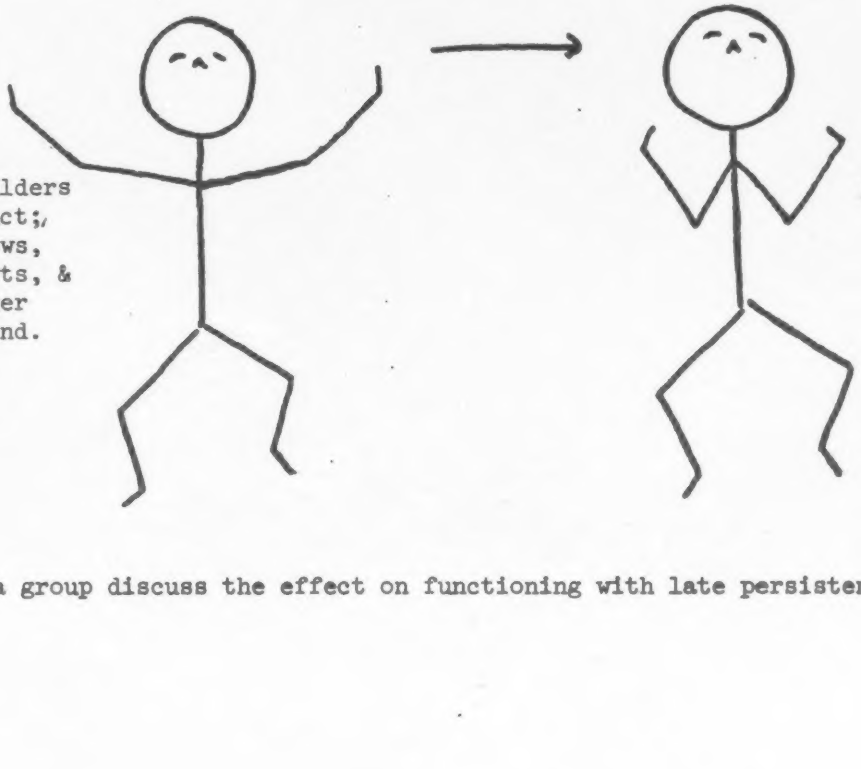
Origin: Begins at gestational age of 28 weeks.

Integration: 4 to 6 months.

Method: Hold infant with legs and buttocks resting on surface, head and shoulders raised off surface. Head should be in midline, arms resting on chest. While supporting the infant's head and shoulders, allow the head to drop back approximately 30° compared to the trunk.

Reflex: Shoulders abduct and elbows, wrists and fingers extend. Followed by shoulder adduction and elbow flexion.

Importance: 1) This is often confused with the Startle reaction, which is elicited by sudden light or noise rather than by stretch to the neck muscles.
2) Warning signs for potential problems: a) asymmetry
b) absence
c) late persistence.



1. Shoulders abduct; elbows, wrists, & finger extend.

2. Shoulders adduct; elbows flex.

As a group discuss the effect on functioning with late persistence of MORO:

3. TONIC LABYRINTHINE

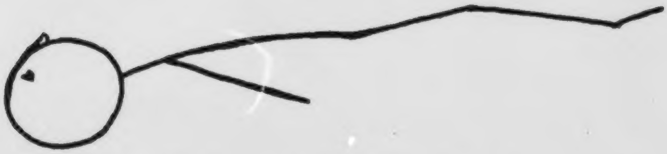
Origin: Birth

Integration: 4 to 6 months.

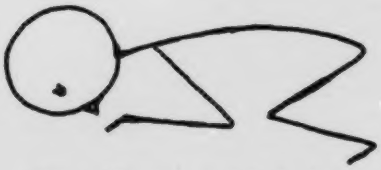
Method: When child is in prone, evaluate flexor tone by lifting child's head. When s/he is in supine, evaluate extensor tone by pushing child up to sitting with hand on back of her/his head.

Reflex: In prone, child cannot lift head and support self on arms due to increased flexor tone at all joints.
In supine, child cannot flex forward when pushed to sit due to increased extensor tone at all joints.

Importance:
1) This reflex must be integrated for the progression of normal motor development.
2) Warning signs for potential problems: a) absence
   b) late persistence



Head extends, all joints extend.



Head flexes, all joints flex.

As a group discuss the effect on functioning with late persistence of TONIC LABYRINTHINE reflex:

4. ASYMMETRICAL TONIC NECK (ATNR)

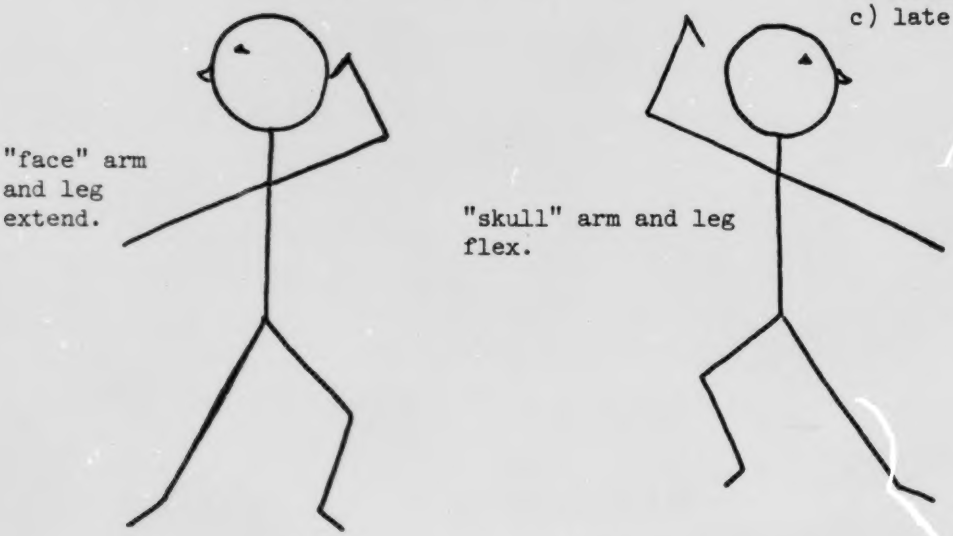
Origin: Birth to 1 month.

Integration: 4 to 6 months.

Method: With child in supine and head in midline, have her/him track an object from one side to the other. In same position, turn her/his head slowly to one side holding head so that the jaw is over the shoulder; repeat to other side.

Reflex: The arm and leg on the face side extend. The arm and leg on the skull side flex.

Importance:
1) This reflex is never totally obligatory in the normal child.
2) The ATNR must be integrated before the child can roll.
3) Persistence of the ATNR can cause scoliosis and/or subluxation or dislocation of the hip on the skull side.
4) Warning signs for potential problems:
    a) asymmetry
    b) absence
    c) late persistence



As a group discuss the effect on functioning with late persistence of ASYMMETRICAL TONIC NECK reflex:

Handout 2

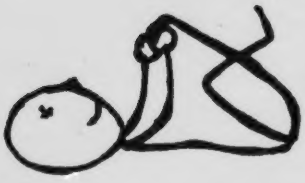
Play Positions to Enhance Visual and Motor Aspects of Activities

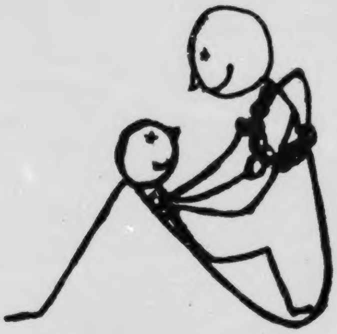
- I. General Considerations
  - A. Provide a variety of positions for the same activity so that the child has the opportunity to generalize motor skills, and so that participation in play activities is not limited to one position.
  - B. The following factors may influence the selection of a play position:
    - 1. The child's cognitive abilities as compared to age.
    - 2. The child's gross and fine motor status.
      - a. present skills
      - b. developmental goals
    - 3. The child's visual functioning.
    - 4. The physical environment.
      - a. real or potential distractions
      - b. physical space
    - 5. The number of people participating in the activity.
      - a. parent training needs
      - b. group vs. individual programming
    - 6. The need for physical assistance and/or adaptive equipment to achieve or maintain a position.
      - a. compatibility with activity
      - b. home vs. center
      - c. group vs. individual
    - 7. The other activities to be done within the same session.
  - C. When presenting activities, regardless of the position, it is usually desirable to:
    - 1. Incorporate both midline play and midline crossing with trunk rotation by varying the position of the activity.
    - 2. Keep the child's shoulders and arms forward and avoid positions in which the child goes into head extension and shoulder retraction
    - 3. Keep the child's head in midline
    - 4. Monitor your position and movements so as not to interfere with the child's activity.
    - 5. Position of adult will depend on:
      - a. position of child (e.g. in sitting, adult is usually eye level or below; in prone, adult is usually eye level or maybe higher to encourage head, trunk and arm extension, or lower to discourage abnormal extension)
      - b. type of movement(s) expected from child during activity
      - c. muscle tone of child

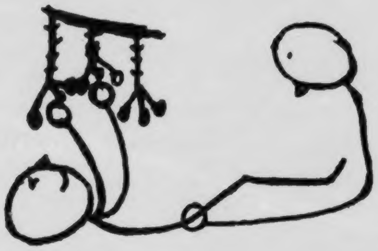
- II. Positions
  - A. Supine
    - 1. An antigravity reaching position
      - a, it provides proprioceptive input to the shoulders
      - b. it strengthens upper extremities by providing movement against gravity.
    - 2. It eliminates head control as a factor and thereby:
      - a. may make visual tracking tasks easier
      - b. may promote body exploration
        - 1) visual exploration of hands
        - 2) manual and visual exploration of hands and feet in midline
      - c. may facilitate bilateral and unilateral reaching
    - 3. It limits manipulation because;
      - a. it provides a limited visual orientation to objects
      - b. it is not conducive to doing more complex (eg. puzzles, ring stacks) tasks both in terms of the visual orientation and physical

properties of the tasks.

4. One may incorporate upper trunk rotation by presenting:
    a. reaching tasks crossing midline.
    b. reaching tasks propping on one elbow and reaching forward and/or across midline with other arm.

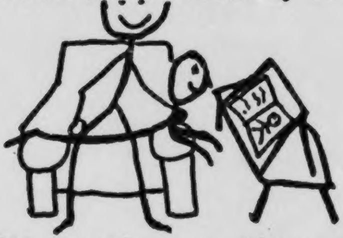




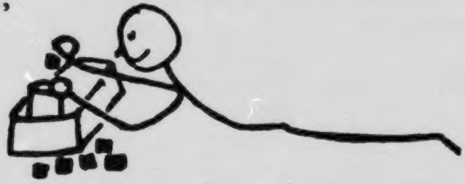


B. Prone

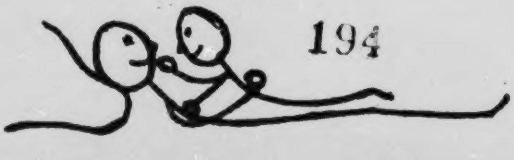
1. An antigravity head position
    a. it provides proprioceptive input to shoulders and upper back through weight bearing.
    b. it promotes shoulder (proximal) stability through the cocontraction of weight bearing.
    c. it promotes protective extension and supporting.
2. Head control is a large factor in functioning in this position.
    a. it facilitates vertical head righting, but if child has poor head righting, s/he may not be able to attend to tasks.
    b. it provides a good visual orientation if the child has head control.
3. Prone on elbows
    a. some children will not be able to use their hands in this position, but may benefit from visually oriented tasks and tracking exercises;



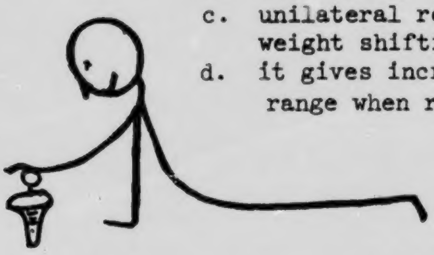
    b. others will be able to achieve some bilateral manipulation of materials within reach;

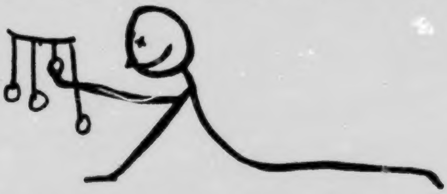


    c. once unilateral reaching begins, it provides laterality and some rotation.

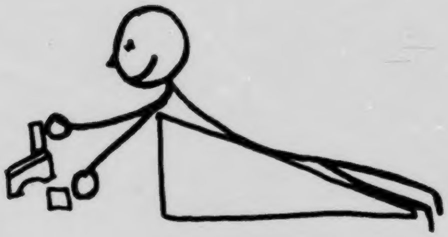


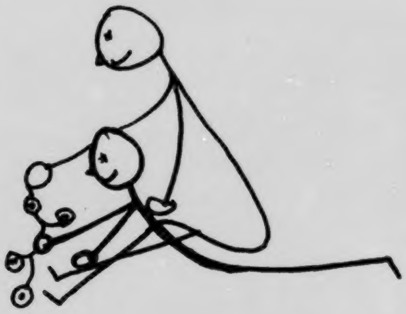
4. Prone on hands.
   a. it inhibits the grasp reflex
   b. it does not allow for bilateral manipulation
   c. unilateral reaching requires increased shoulder stability and weight shifting
   d. it gives increased contact with environment because of increased range when reaching



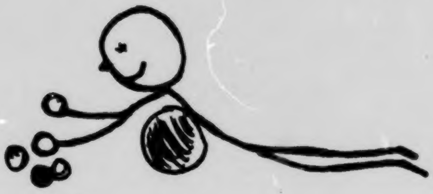


5. Uses of wedges or rolls to assist weight bearing and manipulation in prone
   a. they may increase the child's ability to focus attention on activity rather than on motor needs.
   b. they may provide some experience with weight bearing and allow unilateral function in prone.

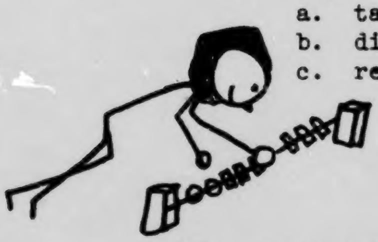




   c. they may be used to totally eliminate upper extremity weight bearing, therefore allowing bilateral reach, manipulation, and midline play in prone.

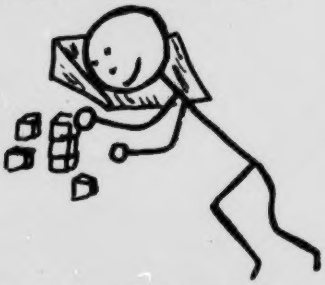


C. Sidelying
1. It eliminates head control as a factor.
2. It inhibits asymmetrical tonic neck reflex.
3. It promotes laterality by providing
   a. tactile input to floor side of body.
   b. different proprioceptive input to both sides.
   c. reaching and manipulating activities with one side of the body.



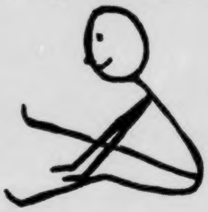
NOTE: This activity has the potential of increasing shoulder movements in reaching by varying the position of the toys being manipulated.

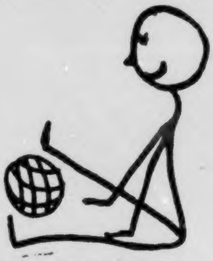
4. Hands to midline
    a. the position and gravity facilitate hands in midline.
    b. some bilateral manipulation, but may be awkward.
5. Provides a questionable visual orientation.
    a. gives a rotated view of environment.
    b. placing a wedge or pillow under head may improve head position with relation to the activity.



NOTE: Varying the height and position of task increases the arm movements required.

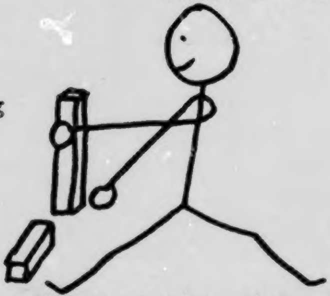
D. Sitting
1. Head and trunk control and rotation will be factors to varying degrees.
2. Floor sitting with upper extremity support.
    a. two hands
        1) provides a good visual orientation
        2) inhibits grasp reflex
        3) does not permit hand activity
        4) promotes proximal stability through weight bearing.

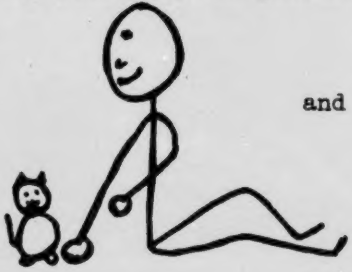




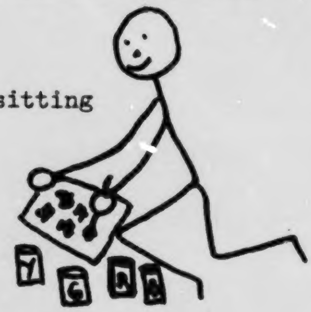
    b. one hand
        1) promotes laterality
        2) encourages rotation, midline crossing.
        3) allows unilateral manipulation.
        4) adult can vary the position of the activity and thus exert control over the rotation, and postural adjustments required.

long-sitting



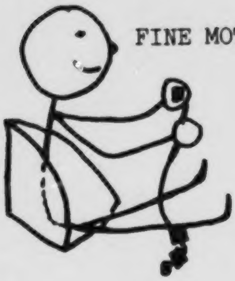


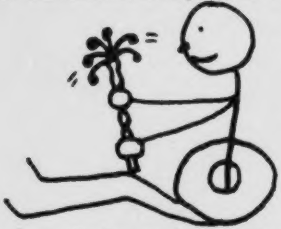
and sidesitting

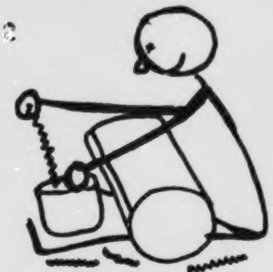


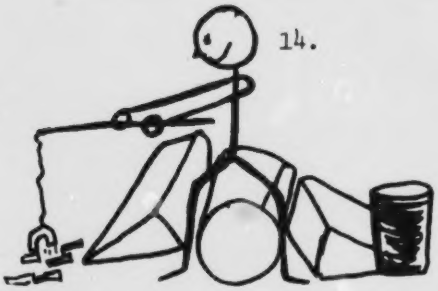
3. Floor sitting with external support
    a. allows bilateral play by eliminating need for hand support.
    b. allows midline orientation and play.
    c. child is able to concentrate on manipulatory tasks.

(see illustrations at top of next page)

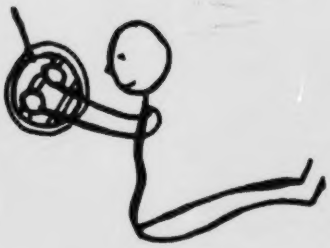


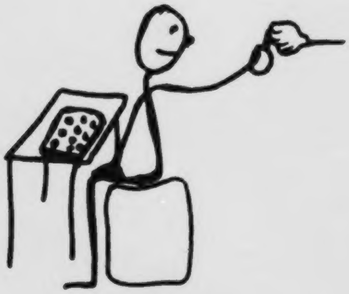


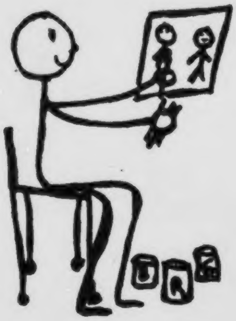




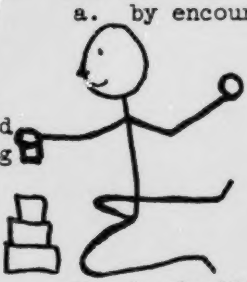
4. Independent floor sitting or chair/roll sitting
   a. child is able to change position within same activity.
      1) greater interaction with environment
      2) unlimited reaching and rotation.
   b. increased concentration on fine motor skill development.



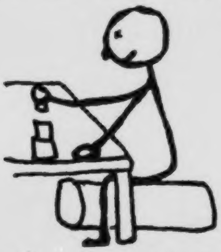




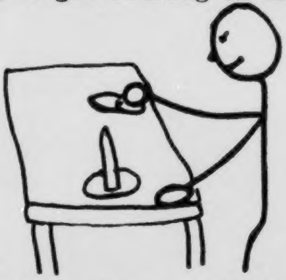
E. Using tables and other surfaces to promote or improve upper extremity function.
   1. Surfaces may discourage posturing of one extremity.
      a. by encouraging placement of the extremity within visual field.



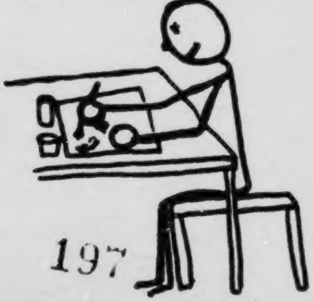
NOTE: Child is posturing hand not engaged in task.



      b. by facilitating weight bearing on and/or stabilization of part of the activity.



   2. Tables may help the child focus attention on activity.



NOTE: during table top activities, it is generally best for a table to be at elbow level; feet should be on solid surface, hips at 90° (unless otherwise indicated).

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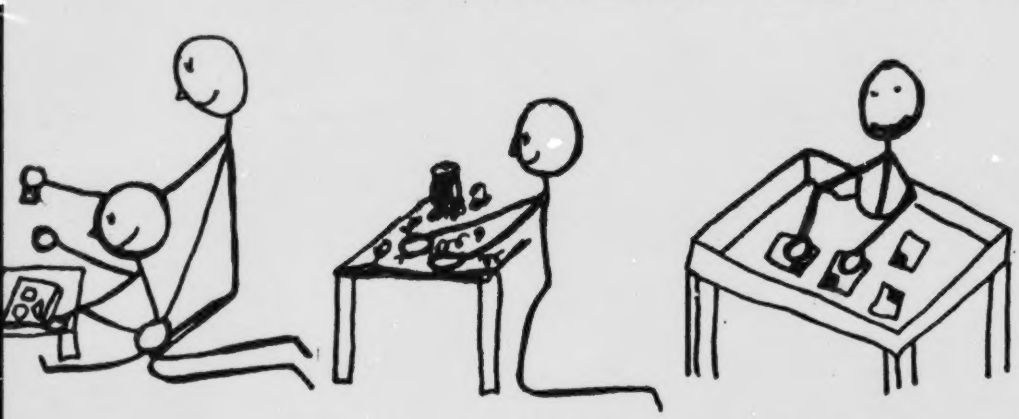
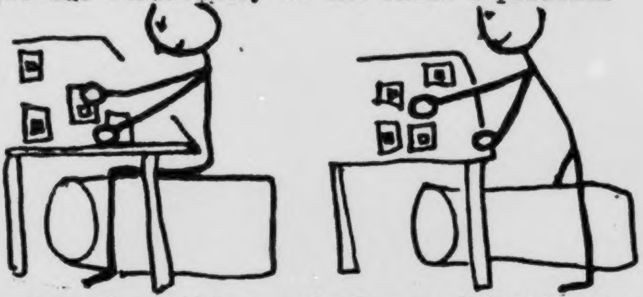
3. Tables provide flexibility of height and placement of activities.

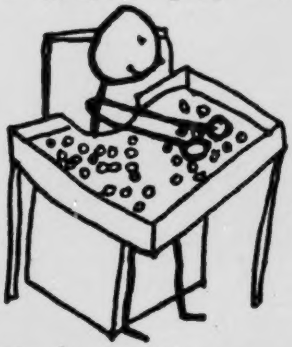


NOTE: cutouts on table surface are not always as desireable as they may encourage elbow propping and/or shoulder retraction with some children.

4. Tables may be used to provide variability of the child's position within same activity.



5. Borders on tables keep materials within reach thus facilitating independent play. They may allow child to play with a material which otherwise would be a problem.



6. Easels (on tables or freestanding)
   a. facilitate good posture (head, trunk and upper extremities) in sitting or standing.
   b. reinforce top/bottom orientation.
   c. may be magnetized to increase versatility.

FINE MOTOR DEVELOPMENT

Handout 3

Instructional Objective	Possible Activities (Fink, B.E., 1977; Finnie, N.R., 1975; Molloy, T.S., 1973)
To increase control for reaching by increasing proximal stability through weight bearing.	1. Activities to encourage the child to maintain weight bearing positions.* a. visual activities 1) making faces in a mirror 2) watching a mechanical toy 3) watching T.V. b. auditory or language activities 1) listening to records or a radio 2) listening to or telling a story 3) giving another person verbal directions in order to play a game (e.g.: playing concentration but having someone else turn over child's choices on request) 2. Activities to encourage unilateral reaching in weight bearing positions. a. present high interest object in different positions so the child must put weight on one arm and reach with the other. Begin by holding object close to hand so that child reaches a short distance. Gradually increase distance b. present reach and placement tasks so that the weight bearing time increases and the functional complexity of the task increases c. choose tasks according to developmental level - both motor and cognitive Example of progressively more complex reach/placement tasks: 1) placing large round beads in a bucket without a lid 2) placing large round beads in a bucket which has a lid; a hole 1" larger than the bead is cut in the lid 3) placing large round beads in a bucket which has a lid; a hole only slightly larger than the bead is cut in the lid
To increase ability to reach for objects with two hands.	1. Activities to increase proprioceptive input with arms in symmetrically extended positions. a. weightbearing positions and activities in 1a and b above b. pushing/pulling games 1) child sits facing adult on lap; adult holds hands and rocks child back and forth pushing arms. 2) child sits on floor opposite adult; each grasps hulahoop in both hands; adult pushes and pulls hoop saying "don't let go."

*activities can be done in prone-on-elbows, prone-on-hands, sidesitting, or 4-point.

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Instructional Objective	Possible Activities
	2. Activities to increase awareness of hands using tactile and visual senses. a. rub child's hands/arms with various textures 1) terrycloth 2) fur 3) shaving cream b. adult physically brings hands into visual field and encourages visual attention by: 1) shining flashlight on hands and between fingers 2) drawing faces on palms and/or backs 3) weaving yarn through fingers c. dip fingers in honey and encourage licking 3. Activities to physically assist child in bilateral reaching. a. adult sits or semi-reclines child on lap facing him/her. Adult puts hands behind child's shoulders and brings shoulders and arms forward 1) child's hands are brought to adult's face. Adult kisses, blows, and makes lip noises on hands 2) adult puts beads (hoops, squares of fabric, bells, etc.) around neck dangling at child's shoulder level to stimulate reaching b. adult sits child between legs on floor in front of mirror 1) adult assists child in patting mirror image 2) adult tapes large ring to mirror and assists child in reaching to pull it off 3) adult gives child large piece of food (child must have oral-motor skills to chew food) & assists in holding it & bringing to mouth 4. Auditory/visual stimuli to encourage independent reaching in supine or sitting. a. musical mobiles b. crib gyms c. stuffed animals 5. Activities to encourage symmetrical movements. a. rolling a ball b. clapping hands c. hitting a drum
To increase ability to reach for objects with one hand only. D.L. Schlachman/1978	1. Positions which encourage the child to bear weight on one arm while reaching for objects with the other. a. prone on wedge or floor 1) reaching for toys placed out to the side; reaching for toys held in midline; and then reaching across midline 2) unilateral placement tasks in midline

Instructional Objective	Possible Activities
	b. side sitting 1) reaching in all directions 2) unilateral placement tasks c. long sitting 1) rotating and putting weight on one arm while reaching for toys across midline 2) unilateral placement tasks set up to one side so child leans on one arm and manipulates with other 2. Activities which require only one hand. a. swatting at or pulling suction toys which will bounce back b. squeezing, pulling, pushing dangling toys 1) crib gyms 2) music boxes with pull strings c. playing musical instruments 1) xylophone 2) bells 3) drum 3. Ways of providing physical assistance to keep unused hand in a resting position during unilateral reaching activities. a. adult puts hand over child's hand b. child holds dowel attached vertically to table c. child covers decal on table surface with hand
To improve eye-hand coordination.	1. Activities to improve coordination between eye and hand movements. a. supine: suspend dowel with rings horizontally across child's chest 1) child holds onto ring as it is moved along dowel by adult 2) child independently moves ring along dowel 3) vary distance of dowel from child b. sitting: repeat activities listed in "a" 2. Activities which provide practice reaching for objects in various positions and planes. a. reaching for large objects at close range; objects are held directly in front of arm b. reaching for objects at increasingly greater ranges; objects are gradually brought across midline c. reaching for objects which are gradually reduced in size. 3. Activities which provide practice placing one object in or on another. (assuming child has voluntary release) a. placing objects in adults hand and/or a can which is held in various positions

Instructional Objective	Possible Activities
	b. placing objects within a designated space or outline c. placing pegs in a hole and/or in a pegboard 4. Activities which provide practice coordinating movements when perception o space and distance are factors. a. tossing bean bag through a large hula hoop held directly in front b. tossing bean bags in a bucket from a standing and/or sitting position c. catching large ball thrown from various distances 5. Activities to provide practice coordinating the use of both hands simultaneously a. pulling popbeads apart; putting them back together b. popping bubbles by clapping them between hands c. rolling play dough with a rolling pin
To improve ability to use both hands simultaneously to engage in one activity.	1. Activities in which both hands function together in the movements. a. pulling popbeads apart; putting them back together b. finger painting c. rolling play dough on table surface with both hands to form "snake" 2. Activities in which one hand functions to stabilize the object while the other acts on the material. a. holding a cup by the handle in one hand and putting small objects in it with other hands b. holding dowel and putting rings on and/or taking them off c. screwing/unscrewing lid 3. Activities in which both hands function in differing movements a. stringing beads b. fastening/unfastening garments 1) laces 2) buttons c. building with tinker toys
To improve patterns of grasp and release	1. Activities to increase tactile input and encourage discrimination on the basis of tactile information. a. digging, spreading, pouring, etc. using different textures 1) sand 2) water 3) rice and/or macaroni 4) shaving cream b. matching textured cards or objects by touch c. "feelie bag" - identifying objects by touch

Instructional Objective	Possible Activities
	2. Activities to encourage use of a specific grasp. a. palmer grasp 1) picking up small stuffed animals 2) removing large pegs from a pegboard 3) playing tug-a-war with a towel b. radial digital grasp 1) picking up one-inch cubes 2) finger feeding marshmallow-sized bits of food 3) taking out/putting in Fisher-Price people c. pincer grasp 1) removing 1/8" pegs from a pegboard 2) filling up and emptying medicine droppers during water play 3) zipping/unzipping 3. Activities to encourage use of a specific release. a. gross release - total opening of fingers 1) squeeze and release activities 2) a) squeak toys b) play dough 2) bean bag or ball toss games 3) container and contained tasks a) filling a can with objects which are 1"-2" in size b) grabbing handfuls of rice and filling cups b. graded release - fingers open only to the degree required to let go of the object 1) placing clothespins on side of can 2) place pegs in pegboard 3) releasing objects through holes of corresponding size and/or shape
To improve ability to isolate wrist and finger movements in order to provide stabilization and/or mobility when needed.	1. Activities to encourage wrist stability a. weight bearing on extended arms to give proprioceptive input to wrist 1) sidesitting 2) 4-point 3) prone on extended arms b. tasks where the wrists are held in one position 1) pounding play dough with little finger side of fists 2) tug-a-war 3) pushing a cart or carriage 2. Activities to encourage wrist mobility a. tasks using various textures

Instructional Objective	Possible Activities
	1) swishing water with hands 2) scooping sand, rice, etc. 3) mixing dough b. turning knobs c. winding up toys 3. Activities to encourage isolated use of fingers. a. extension of index finger 1) getting honey or other sticky foods out of thin jar 2) finger puppets 3) finger painting b. isolation of other fingers 1) "where's Thumbkin?" song 2) play dough tasks 3) pasting tasks
To improve pencil/paper skills.	1. Activities to enhance shoulder & upper trunk stability as described earlier 2. Activities to improve eye-hand coordination as described earlier. 3. Activities to increase ability to direct the hand and change directions using smooth uninterrupted movements. a. finger painting and salt drawing 1) connecting dots 2) making forms using stencils 3) making forms without stencils b. maintaining grasp on object and moving it along a pre-determined path 1) rings on horizontal wire 2) rings on curved wire 4. Activities to improve grasp of pencil a. provide physical assistance or adaptive equipment 1) adult stands or sits behind child and puts hand over child's hand 2) adaptive devices to position hand and/or hold pencil 3) pencils with built up shafts a) DLM grip b) rubber tubing b. provide practice with other writing tools 1) magic markers 2) crayons 5. Activities to improve ability to produce lines, forms, etc. when using a writing implement. a. practice using other implements during tracing and other writing activities

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Instructional Objective	Possible Activities
	1) paint brushes 2) chalk 3) markers or crayons b. make use of guides to help develop control 1) stencils 2) double lines 3) dots c. stand or sit at easel surface
To improve scissor skills.	1. Activities to improve isolation of finger movements as described earlier. 2. Activities to improve eye-hand coordination as described earlier. 3. Activities to improve bilateral motor coordination as described earlier. 4. Activities to teach the cutting motion. a. DLM Easy Grip Scissors b. adult sits behind child and physically assists child on motion c. child rests little finger side of hand and wrist on surface and moves thumb up and down; adult provides verbal cues 5. Activities to develop ability to hold paper and snip. a. adult holds paper b. adult puts hand over child's hand to help hold c. adult holds child's wrist only 6. Considerations for paper. a. begin with thin taut strips b. increase width of strips c. introduce thick lines to snip and then to cut

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FINE MOTOR DEVELOPMENT

Name:______________________ Handout 4 Date:______________________

Description of Child: 12 month old with normal muscle tone but no unilateral reaching. Sits independently but does not cross midline or transfer objects from hand to hand.

Instructional Objective: While bearing weight on one upper extremity, the child will be able to reach across her midline with the other hand to obtain at least 5 objects with minimal assistance.

Activity	Materials	Method	Position of Child and Adult	Evaluation
Putting Fisher Price people in the Fisher Price bus by reaching and placing with one hand while supporting on the other in prone.	Fisher Price people. Fisher Price bus. wedge.	F.P. bus is placed in front of child. Adult holds F.P. person above head out to side & tells child to take it. As the child reaches for it, the adult moves it across child's midline keeping it just out of reach so the child will follow it with hand. If child does not reach independently with 1 hand, adult physically shifts weight of child to one side & helps lift arm. When child has F.P. person, adult tells child to put in bus. Repeat with other hand.	Child lies prone on wedge and takes weight on extended arms. Adult lies down in front of child. If child has difficulty initiating reaching, adult may sit behind child and assist weight shifting and reaching.	
Reaching for blocks held out to child and putting them in a bucket while weight bearing on one arm in sidesitting.	bucket. blocks.	Can is placed in front of child. Adult holds up block for child to reach for, take and place in can. Adult varies position of block, keeping it toward sidesitting side so that child extends arm to reach across midline.	Child side sits leaning on one arm. Adult sits facing the child opposite the arm the child is leaning on.	

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Name: ____________________ Handout 5 Date: ____________________

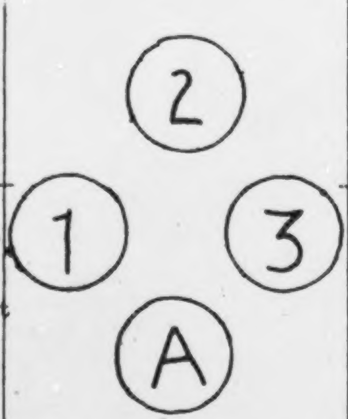
Description of Children: 1) A 2½ year old who is developmentally delayed.

2) A 3 year old with spastic diplegia. Little trunk rotation. Postures unused hand during unilateral tasks.

3) A 3½ year old with a mild upper extremity incoordination. Age level play behaviors.

Instructional Activity: Constructing 6-block towers.

Instructional Method: Adult sits facing each child and holds box out in turn as specified below. Verbal directions to build a tower are given as needed.

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: Child will take 2" cubes one at a time from a box and construct a 6-block tower on a piece of construction paper.	A box of 12 red & 12 blue 2" cubes. Construction paper.	Child long-sits with piece of paper on floor between legs. Adult holds box in front of child at chest level and tells him/her to "take one block."		
Child 2: Child will take 2" cubes one at a time from a box and construct a 6-block tower on a piece of construction paper.	A box of 12 red & 12 blue 2" cubes. Construction paper.	Child side-sits to non-dominant or less skillful side. The paper is placed in between child's knees. Adult holds box one foot from weight bearing hand for child to reach a block.		
Child 3: Child will take 2" cubes from a box & construct two 6-block towers, one red & one blue, on matching pieces of construction paper.	Red construction paper. Blue construction paper.	Child ring-sits with two pieces of paper directly in front of him/her. Adult holds box in front of child at chest level and tells him/her to "take a blue block", or "take a red block."		

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FINE MOTOR DEVELOPMENT

Worksheet 1

Name:______________________________ Date:__________________________

Description of Child: 6 months old with low muscle tone. Does not reach for objects in the environment; does not prop in prone.

Instructional Objective: The child will be able to reach with both arms simultaneously for at least 3 objects dangled above his chest when supine, given minimal assistance.

Activity	Materials	Method	Position of Child and Adult	Evaluation

FINE MOTOR DEVELOPMENT

Worksheet 2

Name:______________________________ Date:__________________________

Description of Child: 18 month old with poor eye-hand coordination. No motor problems.

Instructional Objective: When presented with 6 small objects, the child will be able to smoothly reach for each of them and place them in matching holes with no assistance.

Activity	Materials	Method	Position of Child and Adult	Evaluation

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FINE MOTOR DEVELOPMENT

Name:____________________ Worksheet 3 Date:____________________

Description of Children: 1) A 3 year old with very poor tactile sensation.

2) A 3 year old with developmental delays.

3) A 3 year old with hemiplegia.

Instructional Activity: Placing plaques in a slotted can.
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: Child will rotate 10 plaques to fit into a slotted can.				
Child 2: Child will rotate 5 plaques to fit a slotted can.				
Child 3: Child will rotate 10 plaques to fit in a slotted can.				

FINE MOTOR DEVELOPMENT

Name: ______________________ Worksheet 4 Date: ______________________

Description of Children: 1) A 4 year old with a developmental delay.

2) A 4½ year old with low vision.

3) A 4½ year old with cerebral palsy.

Instructional Activity: Using both hands simultaneously to string beads.
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: Child will place 5 large holed beads on a 15" string.				
Child 2: Child will place 5 regular holed beads on a 15" string.				
Child 3: Child will place 5 large holed beads on an 8" cord.				

Suggested Assignments

Reading:
Connor, F., et al. (Eds.), 1978, pp. 99-128.

Activities:

1. The three important components in the development of fine motor skills are demonstrated by the prone-on-elbows position as seen in a normal 4-month old. What are they? (2)

2. Between 4 and 6 months, several primitive reflexes become modified. This enables three important events to take place with regard to fine motor development. What are they? (2)

3. Upper extremity activity between birth and 36 months can be roughly divided into three stages of development: 1) bilateral exploration; 2) unilateral play; 3) bilateral manipulation. Briefly explain what each of these terms mean. (4)

4. What is meant by "true supination?" When does it emerge and why is it important to the development of fine motor skills? (4)

5. Children use their fine motor skills to demonstrate awareness of spatial relationships. Discuss three fine motor skills which illustrate this in the 24-35 month old child. (4)

6. Match each description of a child (1-5) with the program consideration which best applies when engaging in fine motor tasks with that child.
   a. Provide positions and activities which will not feed into abnormal patterns of movement.
   b. Work in standing and provide proximal stability through positioning and handling.
   c. Position in sidelying to reduce effects of gravity and position toys well within reach.
   d. Position on the floor at a table; provide unilateral tasks.

   ___ 1) Sharon is an 18 month old who exhibits fluctuating tone regardless of position. She frequently knocks thing over in the process of reaching for them. (7)

   ___ 2) Cynthia is a 6 month old with extremely low tone. In supine, she does not reach for toys when dangled in midline. (7)

   ___ 3) Carl is a 4 year old who is influenced by several primitive reflexes. He enjoys participating in fine motor tasks, particularly those involving blocks and beads. (7)

   ___ 4) Alex is a 12 month old who is blind. He has excellent sitting balance, but prefers to prop sit and so does not play with toys when on the floor. (7)

7. Describe how the upper extremities are normally used as a stabilizer and/or as an actor in the following activities:

   example: Activity - placing rings on a stick when seated at a table.
   Roles - one hand plays a stabilizing role by holding the stick in a secure position; it may rest on table with shoulder, elbow, and wrist immobile.
   the other hand is in an acting role as it is used to reach for, grasp, place and release rings.

   a. coloring at a table. (3)
   b. bead stringing in a long sitting position. (3)

8. Match the description of each child to the reflex s/he displays. Use each reflex once.
   a. asymmetrical tonic neck
   b. grasp
   c. moro
   d. tonic labyrinthine
   ___ 1) Marie is a 1 year old and has spasticity. When her father pushes her in the supermarket cart, her head extends slightly which causes her arms to fling out and back so that she loses her grasp on the cart. (5)
   ___ 2) Kenny is a 3 year old with cerebral palsy. When he looks at and reaches for materials with one hand, the other arm tends to go into flexion. (5)
   ___ 3) Samuel is a 2 year old child. When playing with blocks, he has difficulty opening his hand to release them. (5)
   ___ 4) Lilly is a 4 year old with moderate spasticity. It is difficult for her to reach for toys held above her when on her back because of her increased extensor tone in this position. (5)

9. Match each of the following upper extremity play positions with the child who would most benefit from it.
   a. sitting in chair at table with a border; toys within reach
   b. semi-reclined on adult's lap; toys around adult's neck
   c. prone on a wedge; toys in midline
   d. side-sitting; toys positioned opposite extended weight bearing arm
   ___ 1) Allen is a 9 month old who has poor head control and sitting balance. He does not spontaneously reach for toys, but will shake a rattle placed in her hand. (6)
   ___ 2) Max is a 2 year old who is able to sit independently and engage in simple tasks, but does not rotate to reach for toys across his midline. (6)
   ___ 3) Robbie is a 3 year old who enjoys playing by himself, but cannot sit independently or support his weight on his arms in any position.
   ___ 4) Kate is a 5 year old with fluctuating tone. Although she enjoys playing with toys, she frequently knocks them out of her reach. (6)

10. Using the activity sheets provided, plan two activities to reach each of the instructional objectives for the children described below. (9)

a.	Description of child:	Benito is a 4 year old with spastic cerebral palsy. He is influenced, but not dominated by ATNR. He sits independently. He has a gross grasp and beginning release.
	Instructional Objective:	The child will be able to use a radial grasp and gross release 3 out of 3 times.
b.	Description of child:	Kelly is 4 years old. She has low muscle tone but a good radial digital grasp. She avoids crossing the midline and does poorly with bilateral tasks.
	Instructional Objective:	The child will be able to perform simple two handed tasks in activities where: a) one hand functions primarily in a stabilizing role, & b) both hands perform parallel movements.

11. Plan a meeting with your supervisor to determine an appropriate fine motor objective for a child with whom you work. Using the activity sheet provided,

plan two activities with your supervisor's approval. After completion of the activities, write two evaluation comments for each describing how the child performed the activities. (11)

12. Using the activity sheets provided, plan how to implement the activities for the children described below. (10)

    a. Description of children:
    1) A 3 year old with very poor tactile sensation.
    2) A 3 year old with developmental delays.
    3) A 3 year old with spastic hemiplegia.

    Instructional Activity: Filling cups with rice.

    Instructional Objective for each child:
    1) Child 1: Child will hold cup by handle and fill up using other hand.
    2) Child 2: Child will hold cup by handle and scoop rice into it using a large spoon.
    3) Child 3: Given physical assistance, child will hold cup and scoop rice into it using a large spoon.

    b. Description of children:
    1) A 4 year old with developmental delays.
    2) A 4½ year old with low vision.
    3) A 4½ year old with cerebral palsy.

    Instructional Activity: Guiding forefinger or car along "roads" in a tray having an 1/8" layer of salt.

    Instructional Objective for each child:
    1) Child 1: Child will push small car along connected vertical and horizontal lines made in saltboard.
    2) Child 2: Child will direct forefinger along straight lines (vertical and horizontal) made in saltboard.
    3) Child 3: Child will push small car along curvy roads made in saltboard.

13. Plan a meeting with your supervisor to determine an appropriate fine motor objective activity which could be implemented with a group of three children in your facility. Using the activity sheet provided, plan the activity with your supervisor's approval. After completion of the activity, write an evaluation comment describing how each child performed. (10)

Suggested Test Questions

Match each of the following developmental skills with its corresponding age level:

___ 1. hands perform different actions when combining materials (1)
___ 2. palmer grasp of objects (1)
___ 3. consciously releases objects into container(1)
___ 4. holds crayon with adult type grasp (1)

a. 36 months
b. 6 months
c. 24 months
d. 12 months

5. Give one reason why the development of trunk rotation is important in regard to upper extremity function. (2)

6. Describe how the upper extremities are normally used as a stabilizer and/or as an actor in the following activity: (3)
--Reaching for a toy from the prone position

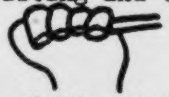
Indicate which of the following statements are true or false by checking the appropriate line.

T F
___ ___ 7. Reaching in pronation allows the child to visually monitor the movements of the fingers and thumb as s/he grasps a toy. (4)
___ ___ 8. Once the child is able to lift his/her head up against gravity, eye and head movements become separate. (4)
___ ___ 9. An inferior pincer grasp is possible only if the child has a radial grasp. (4)
___ ___10. External rotation at the shoulder allows the child to clap hands. (4)
___ ___11. The ability to pick up two small objects in one hand is not related to the size of the child's hands. (4)
___ ___12. The development of body awareness (awareness of self in relation to objects) is possible once the child is able to demonstrate good eye-hand coordination. (4)
___ ___13. For children who do not have independent sitting, sidelying is generally felt to be a good position for fine motor activities. (6)
___ ___14. Water and sand play are good activities for a child with poor forearm and wrist mobility. (6)
___ ___15. Bead stringing is a good task for a child who is beginning to use both hands in parallel movements. (6)
___ ___16. Removing rings from a ring stack helps improve a child's placement skills. (
___ ___17. A child who is beginning to use a scissors should not be given lines on which to cut. (6)

Match each of the terms to an appropriate example: (5)

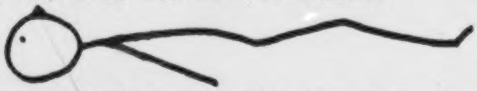
___ 18. moro
___ 19. tonic labyrinthine
___ 20. grasp
___ 21. asymmetrical tonic neck

a. It causes fisting and therefore hinders the development of voluntary grasp.

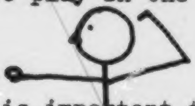


b. It makes it difficult to keep arms forward and hands in midline when movement causes head to extend.

c. The child experiences increased extensor tone when on her back making it difficult to bring the arms forward to reach.



d. The child is unable to play in the midline when the head turns to the side.



22. Give one reason why it is important to vary the position of objects when trying to improve a child's eye-hand coordination. (6)

23. How can the use of textured toys encourage the development of manipulative behaviors? (6)

Suggested Test Demonstrations

Directions:

You will be asked to demonstrate, using a doll, each of the following. You will be allowed one minute for each demonstration.

Criterion for Passing:

You much correctly provide for the following three factors in order to pass each demonstration.

a. Position of child
b. Position of adult
c. Placement of activity

1. Correct positioning of a 3 year old child with hypertonicity, sitting in a chair at a table, engaged in a bilateral task.

2. Correct positioning of a 1 year old child with hypotonia, prone on a wedge engaged in a task to improve upper extremity weight bearing and unilateral reaching and placement.

Suggested Test Questions

Match each of the following developmental skills with its corresponding age level:

_c_ 1. hands perform different actions when combining materials (1)
_b_ 2. palmer grasp of objects (1)
_d_ 3. consciously releases objects into container(1)
_a_ 4. holds crayon with adult type grasp (1)

a. 36 months
b. 6 months
c. 24 months
d. 12 months

5. Give one reason why the development of trunk rotation is important in regard to upper extremity function. (2)
--enables child to cross midline
--enables child to rotate to reach for object in sitting; in prone

6. Describe how the upper extremities are normally used as a stabilizer and/or as an actor in the following activity: (3)
--Reaching for a toy from the prone position
--one hand bears child's weight (stabilizes) while other hand is lifted off surface to obtain object (actor)

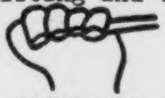
Indicate which of the following statements are true or false by checking the appropriate line.

T F
___ x 7. Reaching in pronation allows the child to visually monitor the movements of the fingers and thumb as s/he grasps a toy. (4)
___ x 8. Once the child is able to lift his/her head up against gravity, eye and head movements become separate. (4)
x ___ 9. An inferior pincer grasp is possible only if the child has a radial grasp. (4)
x ___ 10. External rotation at the shoulder allows the child to clap hands. (4)
x ___ 11. The ability to pick up two small objects in one hand is not related to the size of the child's hands. (4)
___ x 12. The development of body awareness (awareness of self in relation to objects) is possible once the child is able to demonstrate good eye-hand coordination. (4)
___ x 13. For children who do not have independent sitting, sidelying is generally felt to be a good position for fine motor activities. (6)
x ___ 14. Water and sand play are good activities for a child with poor forearm and wrist mobility. (6)
___ x 15. Bead stringing is a good task for a child who is beginning to use both hands in parallel movements. (6)
___ x 16. Removing rings from a ring stack helps improve a child's placement skills.
x ___ 17. A child who is beginning to use a scissors should not be given lines on which to cut. (6)

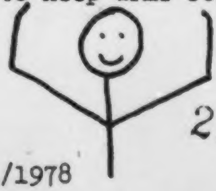
Match each of the terms to an appropriate example: (5)

_b_ 18. moro
_c_ 19. tonic labyrinthine
_a_ 20. grasp
_d_ 21. asymmetrical tonic neck

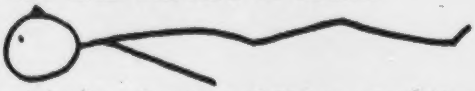
a. It causes fisting and therefore hinders the development of voluntary grasp.



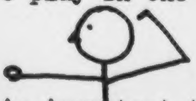
b. It makes it difficult to keep arms forward and hands in midline when movement causes head to extend.



c. The child experiences increased extensor tone when on her back making it difficult to bring the arms forward to reach.



d. The child is unable to play in the midline when the head turns to the side.



22. Give one reason why it is important to vary the position of objects when trying to improve a child's eye-hand coordination. (6)
    - -*provides practice in coordinating movements in different planes and at different distances*
    - -*helps maintain the child's continued eye contact and attention*
    - -*provides opportunity to incorporate weight shifting and midline crossing into a single task*
23. How can the use of textured toys encourage the development of manipulative behaviors? (6)
    - -*increases awareness of and/or attention to the hands and what actions are occurring*

FINE MOTOR DEVELOPMENT

Suggested Test Demonstrations

Directions:

You will be asked to demonstrate, using a doll, each of the following. You will be allowed one minute for each demonstration.

Criterion for Passing:

You much correctly provide for the following three factors in order to pass each demonstration.

- a. Position of child
- b. Position of adult
- c. Placement of activity

1. Correct positioning of a 3 year old child with hypertonicity, sitting in a chair at a table, engaged in a bilateral task.

   Suggested criteria:
   - *a. child's feet solidly on floor, hips at 90°*
   - *b. table at elbow level*
   - *c. activity positioned in midline*
   - *d. adult at eye level or lower*

2. Correct positioning of a 1 year old child with hypotonia, prone on a wedge engaged in a task to improve upper extremity weight bearing and unilateral reaching and placement.

   Suggested criteria:
   - *a. one arm fully extended with palm open for weight bearing*
   - *b. adult holds object in all planes to encourage reaching with weight shifting*
   - *c. placement done in midline*
   - *d. adult at eye level or slightly higher*

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

COGNITIVE/ADAPTIVE SKILLS

Primary Author

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MODEL INFANT AND TODDLER PROJECT
Department of Psychiatry
Dartmouth Medical School

Instructor's Guide

Overview

This unit presents the student with basic information about cognitive/adaptive development and remediation.

Prerequisites

For the Instructor - The instructor should have a master's degree in Early Childhood Special Education. Consultation from a registered occupational therapist with pediatric experience is desirable.

For the Student - The student should have completed the units Overview of Development: Normal and Exceptional, Overview of Program Implementation Skills, Principles of Instruction, Gross Motor Development, Perceptual-Motor Development, Fine Motor Development or their equivalent.

Time Needed

Approximately 12-15 hours.

Materials Needed

1. To be duplicated for each person:
   - Handouts 1 - 5
   - Worksheets 1 - 9
   - Assignments
   - Activity Sheet I (3 copies)
   - Activity Sheet II (3 copies)

2. Other materials needed:
   - Assigned readings
   - Slides taken at a local facility which illustrate children exploring and using play materials
   - Slide projector and screen

Physical Arrangements Needed

A room which can be darkened for the slide presentation

COGNITIVE-ADAPTIVE DEVELOPMENT

Objectives

1. The student will be able to identify one example of each of the following:
   a. object permanence
   b. means-ends
   c. causality
   d. classification
   e. seriation
   f. conservation
   g. egocentricity

2. The student will be able to describe characteristics of sensorimotor and pre-operational children.

3. The student will be able to discuss ways in which a child's disability might influence the development of his/her cognitive skills.

4. The student will be able to identify the ages of each of the following major manipulatory play behaviors:
   a. 6 months - manually and visually inspects objects
   b. 12 months - filling and dumping, giving and taking
   c. 18 months - attention to two-dimensional materials
   d. 24 months - uses foresight in solving problems

5. The student will be able to describe specific actions s/he observes children demonstrating with materials.

6. Using the same material, the student will be able to generate ways to use it with children of different developmental ages.

7. Given guidelines for activity presentation, the student will be able to recognize when they are appropriately followed in specific situations.

8. The student will be able to suggest activities often useful in helping delayed or atypical children develop manipulatory play behaviors.

9. Given cognitive/adaptive objectives for children with whom s/he works, the student will be able to plan and implement appropriate activities.

10. Given descriptions of a group of children, the student will be able to plan and implement appropriate group cognitive/adaptive activities.

Outline

I. Introduction to cognitive development
   A. Definition
   B. Relationship to other developmental areas
   C. Overall sequence of cognitive development, i.e. Piagetian framework
   D. Factors contributing to child's progress
      1. internal
         a. ability to attend
         b. curiosity
         c. anticipation/habituation
         d. motivation/style/temperament
         e. memory
      2. environmental
         a. amount of stimulation
         b. appropriateness of stimulation

References: Bee, H., 1975, pp. 175-179, 201-203.
Lefrancois, G.R., 1975, pp. 204-205.
Robinson, H.F., 1977, pp. 207-213.

II. The sensorimotor child (0-24 months)
- A. Characteristics of sensorimotor child
  1. shows a present orientation, lack of representational skills
  2. overt, sensorimotor behavior
  3. developing a repertoire of schemes
  4. egocentricity
- B. Important areas in which problem solving progresses
  1. object permanence
  2. means-ends
  3. causality
  4. spatial relations
  5. schemes in relation to objects
  6. imitation

References: Bee, H., 1975, pp. 175-184.
Connor, F.P., et al., 1978, pp. 219-232.
Flavell,J., 1963, pp. 123-163.
Lefrancois, G.R., 1975, pp. 207-212.
Lehane, S., 1975.

III. The preschool (preoperational) child (2-7 years)
- A. Characteristics of pre-conceptual child (2-4)
  1. unable to understand all properties of classes
  2. engages in transductive reasoning (i.e. particular to particular)
  3. ignorance of rules
  4. beginning to develop symbolic system, internal representation of objects and actions
  5. egocentricity, unable to adopt physical viewpoint of another
  6. worksheet 1
- B. Characteristics of intuitive child (4-7)
  1. more logical thinking but governed by immature perception
  2. egocentricity, unable to adopt another's mental point of view
  3. beginning recognition of rules
- C. Important areas in which problem solving progresses
  1. classification
  2. seriation
  3. number concepts - cardinal and ordinal
  4. conservation
  5. causality
  6. time, speed, reversibility

References: Bee, H., 1975, pp. 184-214.
Connor, F.P., et al., 1978, pp. 232-234.
Flavell, J., 1963, pp. 123-163.
Furth, H. & Wachs, H., 1974.
Lefrancois, G.R., 1975, pp. 212-221.
Kamii, C. & DeVries, R., 1976.
Travers, J., 1977, pp. 163-168.

IV. Application of cognitive processes to interactions with materials
- A. Aspects of problem solving/task approach style
  1. temperament
  2. persistence

    3. response to difficulty
    4. task orientation
    5. preference of materials
  B. Sequence of exploration and use of materials (Handout I, slides)
    1. object discovery
    2. object retrieval
    3. object activation
    4. block constructions
    5. object discrimination/classification (size, shape, color, form)
    6. paper/pencil skills
    7. numbers
    8. spatial relations with objects
    9. ordering objects
    10. worksheet 2
  C. Effects of problems with cognitive/adaptive skills on other areas of development (Handout II)

References: Banus, B., 1971, pp. 304-307.
Cratty, B.J., 1970, pp. 123-131, 137, 141-166.
Gesell, A., 1940, pp. 109-135.
Herst, J., et al., 1976.
Illingworth, R.S., 1975, pp. 149-166.
Menolascino, F.J., 1977, pp. 129-133.
Safford, P.L., 1978, pp. 124-125.
Uzgiris, I.C. & Hunt, J.McV., 1975, pp. 143-204.
Vulpe, S.G., 1977, pp. 197-265.
Wabash Center for the Mentally Retarded, 1977.

V. Effects of handicaps on the development of cognitive/adaptive skills

References: Connor, F.P., et al., 1978, pp. 234-240.
Safford, P.L., 1978, pp. 83-85, 97-98, 115-118, 66-70, 195-197.
Halliday, C., 1971, pp. 15-25.

VI. Remediation
  A. Development vs. remediation
  B. General management/considerations
  C. Guidelines when planning and implementing cognitive/adaptive programs (Handout 1)
  D. Curricula and materials (Handout 2, Worksheets 3 & 4)
  E. Adaptive equipment
  F. Planning programs (Handout 3, Worksheets 5 & 6, Videotape & Worksheet 7)
  G. Individual vs. group sessions (Handout 4, Worksheets 8 & 9)
  H. Role of specialists

References: Bailey, D., et al., 1976, Fine Motor 1-63.
Banus, B.S., 1974, pp. 307-309.
Baratta-Lorton, M., 1972.
Connor, F.P., et al., 1978, pp. 240-246.
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Guide to early development training, 1977.
Joseph, R., et al., 1973, pp. 1-42.
Koontz, C.W., 1974, pp. F1-48.
Lillie, D.L., 1975, pp. 84-129.
Melnechuk, T. (Ed.), 1976, pp. 209-240, 289-404.
Molloy, J.S., 1972, pp. 104-109.
Raynor, S. & Drouillard, R., 1975, pp. 1-77.

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Herst, J., Wolfe, S., Jorgensen, G. & Pallan, S. *SEED Developmental Profiles*. Denver: Sewall Rehabilitation Center, 1976.

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Menolascino, F.J. *Challenge in mental retardation: progressive ideology and serices*. New York: Human Sciences Press, 1977.

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Wabash Center for the Mentally Retarded. Guide to early developmental training. Boston: Allyn & Bacon, 1977.

Handout 1

I. Considerations when promoting learning through play
  A. Only give the child a few toys at a time. Too many toys can be as harmful as too few toys.
  B. Allow the child enough time to play with a desired toy so that s/he can "experiment" with it in as many creative ways as possible. Young children are often fascinated by an object for several days before tiring of it.
  C. Provide different toys to the young child often. Novelty and variety are important to learning.
  D. Make sure that the toys available to the child are developmentally appropriate so that they are interesting and teach new skills.
  E. As the child grows older, reintroduce previously used toys so that s/he has an opportunity to discover new ways to play with them.
  F. Encourage independent play so that the child spends time alone exploring and experimenting in the environment to develop self-direction.
  G. Provide opportunities for the child to play with other children so that s/he can observe peers and learn from them.
  H. Consider the child's temperament and interests when buying toys or planning activities.
  I. Encourage other adults to play with the child so that s/he is comfortable interacting with unfamiliar people.
  J. Don't "push" the child to perform activities in which s/he expresses no interest. First try to determine why the child is not interested. If it is important that the child learns to perform low interest tasks, s/he should be taught them in the most appropriate way.
  K. Encourage the child to play in different areas so that s/he learns new skills in a variety of settings.
  L. Use materials which give the child feedback about his performance. This encourages the child to experiment through trial and error to self correct rather than needing adult assistance.

II. Instructional considerations when planning cognitive/adaptive activities
  A. The child's learning style and/or task approach
    1. problem-solving strategies used
      a. imitates
      b. uses trial and error
      c. uses foresight
      d. verbal approach
    2. response to new and/or difficult tasks
    3. characteristics of low and high preference materials
    4. response to physical assistance
    5. acceptance of environmental and/or behavioral limits
  B. The learning space
    1. preferred position to do tasks
    2. appropriateness of the work space for type of task
    3. distractability potential of environment
  C. Instructional methods
    1. provide only as much physical assistance as necessary
    2. provide appropriate cues
      a. imitation - the child performs the task simultaneously with the adult's actions
      b. demonstration - the child performs the task after the adult completes the task.
      c. copying - the child performs the task with the assistance of a model (not been previously demonstrated)

- d. verbal instruction - the child performs the task with verbal cues only (no visual aides provided)

- D. Instructional materials
  - 1. large objects vs. small objects
  - 2. familiar vs. unfamiliar materials and/or tasks
  - 3. simplicity vs. complexity of objects
    - a. actions needed to activate object
    - b. problem solving skills needed to complete task
  - 4. three dimensional vs. two dimensional materials
  - 5. simple discrimination vs. complex discriminations (obvious to subtle)
- E. Motor needs of the child
  - 1. extent of child's mobility in different positions
  - 2. special equipment needed to participate in activities
- F. Motor demands of the task
  - 1. gross patterns of movement vs. fine patterns of movement
  - 2. unilateral vs. bilateral manipulation
  - 3. complexity of motor planning needed to complete task
  - 4. amount of physical energy and strength needed to complete the task

III. Guidelines for sequencing visual discrimination tasks (spatial relationships, classification, seriation, sequencing, whole/part relationships, etc.)

- A. Matching progression
  - 1. three-dimensional objects to three-dimensional objects
    - a. objects that are identical
    - b. objects that are identical in detail but of different sizes
    - c. objects that are identical except for color
    - d. objects that are identical except for size and color
  - 2. three-dimensional objects to two-dimensional objects (pictures)
    - a. object and picture are identical (take picture of object)
    - b. differ in size and color
  - 3. two-dimensional to two-dimensional (picture to picture)
  - a.
    - a. identical pictures
    - b. pictures of objects differing in size only
    - c. pictures of objects differing in color only
    - d. pictures of objects differing in size and color
    - e. pictures of objects that are more complex
    - f. stylized pictures
- B. Copying progression
  - 1. three-dimensional objects to three-dimensional objects
    - a. vertical orientation - the child positions his/her work directly below the instructor's model. Example: instructor
child
    - b. horizontal orientation - the child positions his/her work to the right of the instructor's model. Example: instructor child
  - 2. three-dimensional objects to two-dimensional objects
    - a. direct placement - the child places three dimensional material directly on top of two-dimensional model (child's work covers model)
    - b. vertical orientation - position as described in 1.a.
    - c. horizontal orientation - position as described in 1.b.
  - 3. two-dimensional to two-dimensional
    - a. direct placement - position as described in 2.a.
    - b. vertical orientation - position as described in 1.a.
    - c. horizontal orientation - position as in 1.b.
- C. Verbal instruction
  - 1. three-dimensional objects
  - 2. two-dimensional materials

Handout 2

Using Materials

It is important to remember that materials can be used in many ways with children of different ages. Being creative with materials is a crucial part of good teaching. This requires some thought on your part; however, it will improve the quality of your teaching, as well as increase the options available with your materials.

Example: coffee cans
Check to make sure the edges of the can are smooth. Cover them with masking tape or contact paper. Generally the cans are more attractive if covered with paper or non-toxic paint.

1. Infants (0-12 months)
    a. object permanence games - hiding high interest objects under the can for the child to rediscover.
    b. filling and dumping games - putting objects in and taking objects out of the can.
    c. rolling - place dried beans or pasta in the can and seal it with a lid; roll the can back and forth with the baby.

2. Toddlers (12-24 months)
    a. object permanence game - using 2 or 3 cans, hide a high interest toy under one and encourage the child to find it; repeat often.
    b. toy retrieval games - attach a piece of yarn to a can and encourage the child to pull the string in order to retrieve the toy.
    c. cause/effect games - attach a toy to the end of a piece of yarn which goes through the can; when the child pulls the string the toy goes into the can; encourage repetition.

3. Early Preschoolers (24-48 months)
    a. classification game - using 2-3 cans, have the child match or sort by one attribute.
    b. decoration game - have the child cut out various shapes to glue onto the can.
    c. shape box - cut out different shaped holes in a lid; encourage the child to place the shapes in the appropriate holes.

4. Preschoolers (48-72 months)
    a. classification game - using 2-3 cans, have the child sort by two attributes.
    b. seriation game - cover 4-5 coffee cans with different shades of the same color, have the child make a sequence from light to dark with them.
    c. conservation game - using 2 one pound and 1 two pound cans, encourage the child to experiment.

COGNITIVE/ADAPTIVE DEVELOPMENT

Handout 3

Date:

Name:

Description of Child: The child is 12 months old with short attention and a delay in play behaviors.

Instructional Objective: The child will rediscover high interest objects which are hidden under a screen consistently over 5 trials.

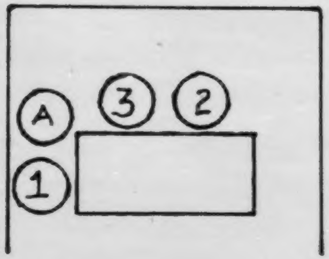
Activity	Materials	Method	Position of Child and Adult	Evaluation
Hiding bath toys under a washcloth during bath times.	Small floating bath toys. Wash cloth. Materials necessary during bath time.	While bathing the child, introduce an interesting floating toy - move it through water to increase visual attention to toy. Quickly cover the toy and verbally encourage child to relocate it. Demonstrate for child if necessary; help child remove cloth if necessary, but encourage independent rediscovery. Child must reestablish interest in toy rather than cloth. Repeat 5 times.	Child sits in bath tub. Adult is probably positioned to side of tub but should present toy in child's midline.	
Hiding raisins in a bowl of dry oatmeal or rice.	Raisins. Bowl of dry oatmeal or rice.	Present raisin to child to encourage interest in task; place second raisin on top of dried cereal in bowl; encourage child to reach for it and eat it. While child watches, hide next raisin ½" below surface of cereal in bowl; encourage child to find it. Child must relocate raisins rather than play with cereal. Repeat 5 times.	Child sits on floor with bowl between legs on floor. Adult sits across from child holding raisins in a shirt pocket so child cannot see them.	

Name:______________________ Handout 4 Date:______________________

Description of Children:
1) A 2 year old with a moderate visual impairment and a mild delay in cognitive/adaptive skills.
2) A 3 year old with an overall moderate developmental delay.
3) A 2½ year old with a very short attention span and a mild delay in cognitive/adaptive skills.

Instructional Activity: Classification - matching like objects

Instructional Method: Adult presents objects identical to those of child #1 one by one to the group and asks a child to identify each. S/he directs group to find one in his/her pile that is the "same." Adult collects all matching objects. Make a row of each group of matching objects.

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: The child will correctly match 5 pairs of familiar real objects given physical assistance and verbal cues.	cup ball baby spoon shoe	After each object is presented to group, allow child to visually & tactually explore it. Encourage child to visually & tactually explore his objects. After exploring each object, ask him to find the 1 which is the same as the 1 you presented. Make sure he has explored all his objects prior to making his selection. Allow him to compare objects if necessary to reinforce the sameness.		
Child 2: The child will match 5 familiar objects with corresponding black & white pictures given verbal cues only.	Black & white pictures representing each of the following: cup spoon ball shoe baby	After each object has been presented to group, encourage child to visually scan his pictures to find the one which is the same as the one you presented. Encourage him to check the model if necessary to reinforce the sameness.		
Child 3: The child will match 6 familiar objects with corresponding colored pictures given physical assistance & verbal cues.	Colored pictures representing each of the following: cup spoon ball shoe baby	After each object has been presented to group, encourage child to visually scan pictures to find the one which is the same as the one you presented. Provide assistance by covering up some of the pictures to reduce number from which s/he selects. Encourage him/her to consistently check model to reinforce the sameness.		

M.E. Driscoll/Dartmouth Med School/1978

Worksheet 1

Characteristics of Pre-conceptual Children

As a group, discuss typical behavior of pre-conceptual children in relation to the characteristics of that stage.

Example	Pre-conceptual characteristic
1. Why is it so hard for a 2 year old to understand how to play hide and seek?	1. egocentricity - child is unable to adopt physical viewpoint of another child; assumes that when his/her eyes are shut, s/he cannot be seen by other players.
2. When the porch light is turned on, why might a 3 year old conclude, after seeing snow falling around the light, that turning on the light caused the snow to fall?	2.
3. Upon hearing that a neighbor had been fired from his job, why might a four year old ask if the fireman came?	3.
4.	4.
5.	5.

Worksheet 2

Actions with Objects

Working in three groups, sequence the materials in developmental order. Base the order according to the actions the child would display with the toy.

Group 1	Group 2	Group 3
Ball Picture book 10 cubes Scissors and paper with shape to cut Musical mobile 5 piece shape box Pop beads Rattle Colored cube cards and cubes Pounding bench	Nesting kegs Incomplete person drawn on paper Cube and cubes Squeeze toy One piece puzzle 2 piece shape box Pot lid & spoon 9 cubes Large bright simple pictures & patterns Scissors with strip of paper	Slotted can with plaques Telephone Large beads and string 10 nesting cups Textured clutch ball Mirror Large pegboard and five pegs Interlocking puzzle Xylophone Simple picture to color

Fill in the chart below and discuss the sequence developed. Each group will have a different sequence to discuss.

Developmental Age	Material	Actions with or use of objects
2 months		
6 months		
9 months		
12 months		
18 months		
24 months		
30 months		
36 months		
42 months		
48 months		

COGNITIVE/ADAPTIVE DEVELOPMENT

Worksheet 3

Using Home Materials

There are many home materials which are as appropriate as commercial materials to help children develop problem-solving skills.

As a group, discuss what home materials could be used to reinforce the same concepts which are taught using commercial materials.

Commercial Materials	Home Materials
1. nesting cups	1. measuring cups
2. drum and stick	2. pot lid and wooden spoon
3. shape box	3.
4. pull toy	4.
5. picture book	5.
6. blocks	6.
7. rattle	7.
8.	8.
9.	9.
10.	10.

Worksheet 4

Directions: Working in pairs, generate three ways each material can be used to develop problem solving skills at each of the following ages. Discuss ideas as a group.

Material	Infants (0-12 months)	Toddlers (12-24 months)	Early Preschoolers (24-48 mos.)	Preschoolers (48-72 mos.
Blocks				
Pop-it Beads				
Ring Stack				

MITP/Dartmouth Medical School/1978

COGNITIVE/ADAPTIVE DEVELOPMENT

Worksheet 5

Name: ______________________________ **Date:** ______________________________

Description of Child: The child is 6 years old with a mild right hemiparesis and a mild developmental delay.

Instructional Objective: The child will be able to categorize 5 pairs of opposites correctly with minimal verbal cues.

Activity	Materials	Method	Position of Child and Adult	Evaluation

COGNITIVE/ADAPTIVE DEVELOPMENT

Worksheet 6

Name: ______________________ Date: ______________________

Description of Child: The child is 15 months old with a moderate visual impairment causing a cognitive/adaptive delay.

Instructional Objective: The child will be able to place 8 objects into a container independently.

Activity	Materials	Method	Position of Child and Adult	Evaluation

MITP/Dartmouth Medical School/1978

Worksheet 7

Videotape Observation

1. Describe the task the child is performing.

2. Describe the child's performance on the task.

3. Describe the child's problem areas when completing the task.

4. Describe the type of assistance the adult provided.
   a. physical assistance

   b. imitation

   c. demonstration

   d. copying

   e. verbal cues

5. Describe the modifications the adult made or could make during the task in order to:
   a. keep the child's attention

   b. make the task easier for the child

6. Planning a cognitive/adaptive program for the child. (After the discussion of the child's performance on the task, lead the group in developing an appropriate instructional objective for the child. Using an activity sheet, plan two activities which would help meet the objective.)

Name:______________________ **Worksheet 8** Date:______________________

Description of Children: 1) A 2 year old with a short attention span & mild delays in language & cognitive/adaptive skills.

2) A 2½ year old with moderate developmental delay.

3) A 2½ year old with a moderate visual impairment and slight delays in cognitive/adaptive skills.

Instructional Activity: Spatial relationships - rings on ring stack.
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: The child will place 4 rings on a rocking stack given verbal cues.				
Child 2: The child will place 5 rings on a wooden ring stack given verbal cues.				
Child 3: The child will place 6 rings on a wooden ring stack given verbal cues and some physical assistance.				

COGNITIVE/ADAPTIVE DEVELOPMENT

Name:______________________ Worksheet 9 Date:______________________

Description of Children: 1) A 3 year old with a mild overall developmental delay.

2) A 4 year old with a right hemiparesis.

3) A 4 year old with a moderate developmental delay.

Instructional Activity: Seriation - putting nesting cups together.
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: The child will be able to order 4 round cups using trial and error. The adult will provide verbal cues and physical assistance when necessary.				
Child 2: The child will be able to order 6 round cups using visual foresight and trial and error. The adult will provide verbal cues when necessary.				
Child 3: The child will be able to order 5 round cups using trial and error & some visual foresight. The adult will provide verbal cues & physical assistance when necessary.				

Suggested Assignments

Readings:

Bee, H., 1975, pp. 175-207.
Connor, F.P., et al., 1978, pp. 218-246.

Baratta-Lorton, M., 1972.
Segal, M., 1974.
Segal, M. & Adcock, D., 1977.

Books similar to those listed should be available to the students to help them develop cognitive/adaptive activities.

Activities:

1. Match each of the following problem solving areas with an appropriate example. (1)
   a. seriation
   b. classification
   c. object permanence
   d. causality
   e. egocentricity
   f. conservation
   g. means-ends

   ___ 1) Jennifer picked up the poker chips left on the table and spontaneously sorted them by color.
   ___ 2) Eric dropped his bottle and then looked down on the floor to relocate it.
   ___ 3) Lee yanked the string on his pull toy to bring it closer to where he was sitting.
   ___ 4) Paula placed six rods in order from largest to smallest before she counted them.
   ___ 5) Mia consistently kicked the mobile and then watched the figures dance in the air.
   ___ 6) Mark decided that Sam's snowman had more play dough in it than his snake did even though they each were playing with a can's worth.
   ___ 7) Carol invited three playmates over to celebrate her mother's birthday.

2. Based on the Connor, F.P., et al. (1978) reading, answer the following questions:
   a. why is a symbolic system important to the development of more sophisticated types of cognitive skills? (2)
   b. What is a fundamental process beginning at 1-2 months of age which forms the basis of cognitive functioning? (2)
   c. When does an infant display a legitimate "curiosity?" (2)
   d. Discuss two ways in which the cognitive development of a child with multiple handicaps might be affected by the handicaps. (3)

3. Using Connor, F.P., et al. (1978) reading as a basis, discuss two ways in which the cognitive development of a physically handicapped child might be affected by his/her handicap. (3)

4. Observe a child engaged in a free play for a ten minute period. Describe anecdotally the specific actions s/he shows with each toy. (5)

5. Observe three children of different developmental ages. Indicate their ages and describe the specific actions each shows with a simple formboard. (5)

6. Match the following ages with the descriptions which best describe appropriate play behavior. (4)
   a. 6 months
   b. 12 months
   c. 18 months
   d. 24 months

   ___ 1) Kjaun put six clothes pins in a coffee can and then took them out one by one. He repeated this activity several times.

___ 2) Vicki took a picture book from her toy box and named several objects as she turned the pages.

___ 3) Beverly reached for a spoon, turned it in her hand, and banged it against the table.

___ 4) Carlo picked up the circle piece, looked at the formboard, and placed it in the correct space.

7. Using a ball, describe two ways you could use this material to develop play behaviors and problem solving skills at each of the following ages: (6)
   - a. infancy (0-12 months)
   - b. toddlerhood (12-24 months)
   - c. early preschool (24-48 months)
   - d. preschool (48-72 months)

8. Explain why three-dimensional materials are used to teach concepts prior to using two-dimensional materials. (7)

9. Why is it harder for a child to copy a model of a block structure than it is for him/her to imitate a block structure. (7)

10. Match two of the following activities (a-f) with the appropriate description. (8)
   - a. stringing beads
   - b. completing pegboards
   - c. gluing activities
   - d. matching common objects
   - e. pushing a baby buggy
   - f. finger painting

___ 1) Clara is a 2 year old child with a mild right hemiparesis. She
___ tends to prefer using her uninvolved hand to complete tasks although she demonstrates adequate grasp and release on her involved side. Your objective is to encourage Clara to use 2 hands when completing tasks.

___ 2) Jeff is a 5 year old with a moderate developmental delay. He does
___ not respond well to paper/pencil tasks although he seems to have an adequate sense of directionality. Your objective is to increase his interest in form reproduction and two dimensional matching.

___ 3) Leslie is a 2½ year old child with a severe visual impairment. She
___ does not demonstrate an ability to discriminate basic shapes. Your objective is to help her learn to associate like objects at a very beginning level.

11. Using the activity sheets provided, plan two activities to reach each of the instructional objectives for the children described below.(9)

a. Description of child: The child is 3 years old with moderate delays in cognitive and language skills.
Instructional Objective: The child will be able to match 6 pairs of like objects correctly with no assistance.

b. Description of child: The child is 2 years old with severe/profound delays in all areas.
Instructional Objective: The child will consistently wave, swat, or bat at an object held 12-15 inches from her face with no assistance.

12. Plan a meeting with your supervisor to determine an appropriate cognitive/adaptive objective for a child with whom you work. Using the activity sheet provided, plan two activities with your supervisors approval. After completion of the activities, write two evaluation comments for each describing how the child performed the activities. (9)

13. Using the activity sheets provided, plan how to implement the activities for the children described below. (10)

    a. Description of children:
    1) A 2 year old with a short attention span and mild delays in language and cognitive/adaptive skills.
    2) A 2½ year old with a moderate overall developmental delay.
    3) A 2½ year old with a mild visual impairment and slight delays in cognitive/adaptive skills.

    Instructional Activity: Spatial relationship - pegs and pegboard.

    Instructional Objective for each child:
    1) Child 1: The child will place 5 ½" pegs into pegboard independently. S/he will repeat the task 2 times.
    2) Child 2: The child will place 6 ½" pegs in pegboard with verbal cues and some physical assistance. S/he will repeat the task 2 times.
    3) Child 3: The child will place 10 ½" pegs into pegboard with physical assistance. S/he will repeat the task 2 times.

    b. Description of children:
    1) A 3 year old with a mild overall developmental delay.
    2) A 4 year old with a right hemiparesis.
    3) A 4 year old with a moderate developmental delay.

    Instructional Activity: Classification - matching colors.

    Instructional Objective for each child:
    1) Child 1: Given a series of 9 objects of 3 basic colors, the child will match them according to color with verbal cues and some physical assistance.
    2) Child 2: Given a series of 9 objects of 3 basic colors, the child will match them to outlined shapes of the same colors.
    3) Child 3: Given a series of 9 objects of 3 basic colors, the child will match them to colored paper squares with verbal cues only.

14. Plan a meeting with your supervisor to determine an appropriate cognitive/adaptive activity which could be implemented with a group of three children in your facility. Using the activity sheet provided, plan the activity with your supervisor's approval. After completion of the activity, write an evaluation comment describing how each child performed. (10)

Suggested Test Questions

For each of the following cognitive/adaptive behaviors indicate the appropriate corresponding age: (4)

___ 1.	attention to two-dimensional materials	a.	6 months
___ 2.	manually and visually inspects objects	b.	24 months
___ 3.	uses foresight in solving simple problems	c.	18 months
___ 4.	filling and dumping, giving and taking activities	d.	12 months

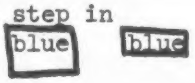
Match each of the following problem solving areas with an appropriate example: (1)

a. seriation
b. classification
c. causality
d. object permanence
e. means-ends
f. conservation
g. egocentricity

___ 5. When the wind-up truck stopped moving, Michael gave the truck to his father to start it moving again.
___ 6. Sarah put all the red circles and squares together in one pile and then removed the red squares to put them in another pile with the green squares.
___ 7. After watching her ball roll under the couch, Erin reached her arm under it in order to find it.
___ 8. Maureen wanted to give her favorite doll to her grandmother as a special present.
___ 9. Rather than crawl across his blanket to get his bear, Larry pulled the blanket toward himself and reached for the bear.
___10. Clara arranged the cups from largest to smallest on the table and then nested them together.

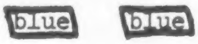
11. When teaching a task using a modeling progression, which of the following is the last/most difficult step of the progression? (7)
___ a. direct placement of a three-dimensional object to a two-dimensional object.
___ b. horizontal orientation of a two-dimensional object to a two-dimensional object.
___ c. vertical orientation of a two-dimensional object to a two-dimensional object.
___ d. horizontal orientation of a three-dimensional object to a two-dimensional object.

12. When teaching a child how to match objects, the last/most difficult step in this skills progression would be: (7)
___ a. matching objects identical in color but of different sizes.

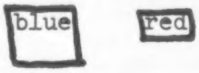


___ b. matching objects identical in size but of different colors.

___ c. matching objects identical in size and color.



___ d. matching objects of different size and color.



13. Kevin is learning how to build a two block tower. Sequence the following guidelines for assisting him, progressing from the most amount of assistance, (#1), to the least amount, (#4). (7)
___ a. having him build a tower after he watches you build one.
___ b. having him build a tower given your verbal direction.
___ c. having him build a tower while you build one.
___ d. having him build a tower like the model you present to him.

For each description, match the best consideration to remember when implementing play activities. (7)

a. encourage child to copy adult's model.
b. select materials which are easy to manipulate.
c. encourage active participation with concrete materials.
d. encourage visual attention to materials while completing task.

___ 14. Dana is a 4 year old child with spastic quadraparesis with normal cognitive skills.

___ 15. Leroy is a 2 year old child with limited vision.

___ 16. Margie is a 1 year old child who demonstrates severe delays in all areas of development.

___ 17. Milton is a 3 year old child who has difficulty following verbal cues when completing tasks.

Indicate which of the following statements are true or false by checking the appropriate line.

T F

___ ___ 18. Once a child with a disability has demonstrated appropriate use of a toy, further exposure to that toy will probably bore the child. (7)

___ ___ 19. A good environment for a child having a developmental delay is contingent upon providing many toys at once. (7)

___ ___ 20. Providing different toys frequently to a normal child is a good way to promote learning. (7)

___ ___ 21. If a child does not perform a task by imitating your actions, the next step will be to have him copy your actions. (7)

___ ___ 22. When introducing a new visual discrimination task, it will be easiest for the child with a learning problem to respond to familiar two-dimensional objects. (7)

___ ___ 23. It is generally easiest for a child having a learning problem to learn a new task when the model s/he is to copy is positioned in a vertical orientation. (7)

___ ___ 24. According to Bee's discussion of Piaget, the young child's thinking strategies change rather abruptly as s/he enters each new stage. (1)

25. Give one reason why children under two years of age need to have experiences which allow for free exploration of materials. (2)

26. Based on the information presented in Connor, F.P., et al. (1978), describe how a young child who is mentally retarded would develop cognitive processes. (3)

Suggested Test Questions

For each of the following cognitive/adaptive behaviors indicate the appropriate corresponding age: (4)

b 1. attention to two-dimensional materials
a 2. manually and visually inspects objects
c 3. uses foresight in solving simple problems
d 4. filling and dumping, giving and taking activities

a. 6 months
b. 24 months
c. 18 months
d. 12 months

Match each of the following problem solving areas with an appropriate example: (1)

a. seriation
b. classification
c. causality
d. object permanence
e. means-ends
f. conservation
g. egocentricity

c 5. When the wind-up truck stopped moving, Michael gave the truck to his father to start it moving again.
b 6. Sarah put all the red circles and squares together in one pile and then removed the red squares to put them in another pile with the green squares.
d 7. After watching her ball roll under the couch, Erin reached her arm under it in order to find it.
g 8. Maureen wanted to give her favorite doll to her grandmother as a special present.
e 9. Rather than crawl across his blanket to get his bear, Larry pulled the blanket toward himself and reached for the bear.
a 10. Clara arranged the cups from largest to smallest on the table and then nested them together.

11. When teaching a task using a modeling progression, which of the following is the last/most difficult step of the progression? (7)
    ___ a. direct placement of a three-dimensional object to a two-dimensional object.
    x b. horizontal orientation of a two-dimensional object to a two-dimensional object.
    ___ c. vertical orientation of a two-dimensional object to a two-dimensional object.
    ___ d. horizontal orientation of a three-dimensional object to a two-dimensional object.

12. When teaching a child how to match objects, the last/most difficult step in this skills progression would be: (7)
    ___ a. matching objects identical in color but of different sizes. blue blue
    ___ b. matching objects identical in size but of different colors. blue red
    ___ c. matching objects identical in size and color. blue blue
    x d. matching objects of different size and color. blue red

13. Kevin is learning how to build a two block tower. Sequence the following guidelines for assisting him, progressing from the most amount of assistance, (#1), to the least amount, (#4). (7)
    2 a. having him build a tower after he watches you build one.
    4 b. having him build a tower given your verbal direction.
    1 c. having him build a tower while you build one.
    3 d. having him build a tower like the model you present to him.

For each description, match the best consideration to remember when implementing play activities. (7)

a. encourage child to copy adult's model.
b. select materials which are easy to manipulate.
c. encourage active participation with concrete materials.
d. encourage visual attention to materials while completing task.

b 14. Dana is a 4 year old child with spastic quadraparesis with normal cognitive skills.
a 15. Leroy is a 2 year old child with limited vision.
c 16. Margie is a 1 year old child who demonstrates severe delays in all areas of development.
a 17. Milton is a 3 year old child who has difficulty following verbal cues when completing tasks.

Indicate which of the following statements are true or false by checking the appropriate line.

T F
___ *x* 18. Once a child with a disability has demonstrated appropriate use of a toy, further exposure to that toy will probably bore the child. (7)
___ *x* 19. A good environment for a child having a developmental delay is contingent upon providing many toys at once. (7)
x ___ 20. Providing different toys frequently to a normal child is a good way to promote learning. (7)
___ *x* 21. If a child does not perform a task by imitating your actions, the next step will be to have him copy your actions. (7)
___ *x* 22. When introducing a new visual discrimination task, it will be easiest for the child with a learning problem to respond to familiar two-dimensional objects. (7)
x ___ 23. It is generally easiest for a child having a learning problem to learn a new task when the model s/he is to copy is positioned in a vertical orientation. (7)
___ *x* 24. According to Bee's discussion of Piaget, the young child's thinking strategies change rather abruptly as s/he enters each new stage. (1)

25. Give one reason why children under two years of age need to have experiences which allow for free exploration of materials. (2)
For example: They are in the "sesnorimotor" stage of development and learn best by acting directly upon the materials in their environment.

26. Based on the information presented in Connor, F.P., et al. (1978), describe how a young child who is mentally retarded would develop cognitive processes. (3)
For example: The sequence and process of cognitive development is basically the same; the rate my vary.

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

COMMUNICATION DEVELOPMENT

Primary Author

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MODEL INFANT AND TODDLER PROJECT

Department of Psychiatry

Dartmouth Medical School

Instructor's Guide

Overview

This unit presents basic information about communication development and remediation.

Prerequisites

For the Instructor - The instructor should have a master's degree in speech and language, an American Speech and Hearing Association Certificate of Clinical Competence, and pediatric experience.

For the Student - The student should have completed the units, Overview of Development: Normal and Exceptional, Overview of Program Implementation Skills, Principles of Instruction, Gross Motor Development, Perceptual-Motor Development, Fine Motor Development, Cognitive/Adaptive Development, or their equivalent.

Time Needed

Approximately 12-15 hours.

Materials Needed

1. To be duplicated for each person:
    - Handouts 1 - 3
    - Worksheets 1 - 6
    - Assignments
    - Activity Sheet I (3 copies)
    - Activity Sheet II (3 copies)
2. Other materials:
    - Assigned readings
    - Audio tapes (1 per student)
    - Audio tapes developed at a local facility of speech/language problems and modeling
    - Audio tape recorder
    - Video tapes of telling a story and taking a language sample developed at local facility
    - Video tape equipment

Physical Arrangements Needed

A quiet room for listening to the audio tapes

Objectives

1. The student will be able to identify the ages of each of the following major developmental milestones:
   - a. 9 months - babbling.
   - b. 12 months - emergence of 1st word, amidst jargon.
   - c. 24 months - 2-word phrases.
   - d. 48 months - emergence of most grammatical elements.

2. The student will be able to explain the difference between a) language and speech, and b) a language delay and a language disorder (i.e. aphasia).

3. The student will be able to identify trends in development within the specific components of language (phonology, syntax, semantics, comprehension).

4. Given descriptions of children with handicaps, the student will be able to relate two considerations important to the management of each.

5. The student will be able to identify when the guidelines for facilitating language development are appropriately followed in specific situations.

6. The student will be able to demonstrate application of guidelines for:
   - a. modeling
   - b. storytelling

7. The student will be able to suggest two activities which may prove useful in helping delayed or atypical children develop a major developmental milestone.

8. Given descriptions of groups of children, the student will be able to plan and implement appropriate group communication activities.

9. Given communication objectives for children with whom s/he works, the student will be able to plan and implement appropriate activities.

Outline

I. Introduction to communication development
   - A. Definition of terms
   - B. Relationship to environment
   - C. Relationship to other developmental areas
   - D. Overall sequence of communication development (Handout 1)
   - E. Components of language behavior
     - 1. general components
       - a. intelligence
       - b. hearing
       - c. central nervous system
     - 2. specific components
       - a. sound production (phonology)
       - b. meaning (semantics)
       - c. sentence structures (syntax)
       - d. comprehension

References: Bee, H., 1975, pp. 141-174.
Connor, F., et al., 1978, pp. 206-211.
Fokes, J., 1972, pp. 15-25.
Rieke, J., et al., 1977, pp. 9-14.
Smith, R. & Neisworth, J., 1975, pp. 339-341.
Travers, J., 1977, pp. 182-186, 195-196.

Travis, L., 1971, pp. 6-23.
VanRiper, C., 1963, pp. 502-509.

II. Developmental progression: the prelinguistic child (0-12 months)
  A. Early sound production (Audio tapes)
    1. crying
    2. babbling
    3. jargon
    4. sound imitation, echolalia
  B. Response to sound
    1. environmental
    2. speech
  C. Beginning comprehension

References: Bee, H., 1975, pp. 141-144.
Connor, F., et al., 1978, pp. 208-211.
Dale, P., 1976, pp. 204-210.
Eisenson, J., 1976, pp. 11-22.
Fokes, J., 1972, pp. 18-20.
Illingworth, R., 1975, pp. 139-144.
Krajicek, M. & Tearney, A., 1977, pp. 111-139.

III. Developmental progression: the linguistic child (1-6 years)
  A. Characteristics of the first word (Audio tapes)
    1. types of sounds and sound combinations
    2. types of early words
    3. early word meanings
  B. Early sentences (Audio tapes)
    1. types of word combinations (Worksheet 1)
    2. interpreting meaning
  C. Early syntax development (Audio tapes, Worksheet 1)
    1. questions
    2. early verb tenses
    3. plurality
    4. negation
    5. prepositions
  D. Later syntax development (Audio tapes)
    1. complex sentences
    2. later verb tenses
    3. concept formation and abstraction
    4. self-expression
  E. The nature of comprehension

References: Bee, H., 1975, pp. 141-162.
Connor, F., et al., 1978, pp. 208-211.
Dale, P., 1976, pp. 7-27, 84-96, 104-128, 154-194.
Eisenson, J., 1976, pp. 22-58.
Fokes, J., 1972, pp. 20-25.
Highberger, R. & Schramm, C., 1976, pp. 70-75, 116-122.

IV. Communication disorders
  A. Speech problems (Audio tapes)
    1. articulation
    2. voice
    3. rhythm (stuttering)
  B. Language problems (Audio tapes)
    1. delay
    2. disorder (i.e. aphasia)
    3. bilingualism

- C. Multiple speech and language problems (Audio tapes)
  - 1. cleft palate
  - 2. cerebral palsy
- D. Hearing loss
  - 1. conductive
  - 2. sensorineural

References: Dickson, S., 1974, pp. 57-63, 106-118, 240-252, 298-307, 358-369, 442-450.
Eisenson, J., 1976, pp. 73-148.
Northern, J. & Downs, M., 1974, pp. 31-58.
Robinson, H., 1977, pp. 307-314.
Safford, P., 1978, pp. 40-54.
Smith, R., & Neisworth, J., 1975, pp. 30-31, 341-364.

V. Effects of communication problems on other areas of development (Handout II)

References: Bee, H., 1975, pp. 152-153.
Smith, R. & Neisworth, J., 1975, pp. 30-31.
Travers, J., 1977, pp. 205-211.

VI. Remediation
- A. Development vs. remediation
- B. Guidelines when planning and implementing communication programs (Handout 1, Worksheet 2) (Audio tapes, Video tapes)
- C. Curricula and materials
- D. Adaptive equipment
- E. Activity planning (Handout 2, Worksheets 3 & 4)
- F. Individual vs. group settings (Handout 3, Worksheets 5 & 6)
- G. The role of the specialist

References: Bricker, D., et al., 1976, pp. 1-180.
Cazden, C., 1972, pp. 1-134.
Delange, C., 1976.
Hatten, J., et al., 1976, pp. 1-58.
Hatten, J. & Hatten, P., 1975, pp. 5-79.
Hopper, R. & Naremore, R., 1973, pp. 97-113.
Horstmeier, D., 1975.
Larrick, N., 1975, pp. 277-383.
Lavatelli, C., 1971, pp. 3-78.
Melnechuk, T. (Ed.), 1976.
Montgomery County Easter Seal Treatment Center, 1973 (manual for parents), pp. 1-61.
Montgomery County Easter Seal Treatment Center, 1973 (manual for teachers), pp. 1-70.
Northcott, W., 1972, pp. 1-166.
Pushaw, D., 1976, pp. 1-244.
Rieke, J., 1977, pp. 1-113.
Robinson, H., 1977, pp. 291-233.
Roecker, V. (Marshalltown Project - Manual IIa).
Safford, P., 1978, pp. 40-54.
Smith, R. & Neisworth, J., 1975, pp. 251-254.
Vanderheiden, G. & Grilley, K., 1977, pp. 1-221.

References

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Handout 1

Guidelines when planning and implementing communication programs

I. Guidelines to promote language development

- A. Language development is a sequential process. For example, children follow a similar sequence in developing the first word, simple sentences, parts of speech, and sounds produced. It is important to remember that while the rate of development may vary from child to child, the sequence remains the same.
- B. We understand far more than we express, and we generally understand a word or part of speech before we use it. Each child, then, learns and understands vocabulary items and grammatical elements before using them in his/her speech.
- C. Children learn much from the non-linguistic aspects of communication, i.e. facial expressions, gestures, touching, movement, voice intonation. In turn, until a young child develops greater control over emotions, more information is often conveyed physically than verbally (i.e. tears, muscle tightening, withdrawal). It is important to assist children who are having difficulty in making the transition from physical display to verbal expression of thoughts and feelings.
- D. Meaningful listening experiences help children acquire a rich and varied language. From the time an infant learns to discriminate speech from environmental noise, language processing is taking place through listening. As the child grows older, comprehension of different intonation patterns, sound combinations, and finally, sentence structure develops partly in relation to the kinds of listening experiences the child has encountered.

II. Providing maximum language experiences

- A. For assistance in effectively planning and structuring language activities, refer to Cognitive/Adaptive Handout 1: Guidelines for choosing and presenting materials.
- B. Exposure to auditory stimulation - including speech - is essential during the child's first year. Noise-making toys, records, animal sounds, and conversation should be directed to the infant's attention. More specifically, the infant's imitation of the adult's sound productions build the foundations for the sound system the child will eventually develop.
- C. Language learning proceeds from concrete experiences to abstract ideas. It is therefore important to provide young children with as mnay stimulating experiences as possible to enrich the language learning process. A ride in a police car or a trip to the fire station enhances vocabulary and concept development far more than an abstract discussion with pictures.
- D. The following toys are particularly useful both for eliciting spontaneous language and for providing vocabulary and concept enrichment.
    1. toy telephone/string can telephone
    2. finger and hand puppets
    3. books and records
    4. musical instruments
    5. suprise box
    6. dolls and doll houses
    7. tea party set
    8. toy animals and barn
    9. kitchen set or other fantasy play sets
    10. dress up costumes
- E. Suggested references for language activities
    1. Melnechuk, T. (Ed.) Infant development program. Great Neck, N.Y.: Johnson & Johnson, 1976.

2. Pushaw, D. Teach your child to talk. New York: Dantree Press, 1976.
   - an excellent source for language activities for children from birth to six.
3. Hatten, J. & Hatten, P. Natural language. Tucson: Communication Skill Builders, 1975.
   - excellent discussion of modeling techniques. Particularly good suggestions for children with language delays.
4. Montgomery County Easter Seal Treatment Center. Language-related activities: curriculum assistance for teachers of normal and language disabled preschoolers. Rockville, Md.: 1973.

III. Language modeling: as language models, we play an important role in guiding and enriching the child's language learning experiences. The following are several techniques for making the most out of everyday adult-child language interactions.*

A. Imitation of the infant's consonant-vowel combinations can range from exact duplication to shaping the infant's production to a longer and more varied utterance.
   1. example:
      a. Infant: "dada" Adult: "dada"
      b. Infant: "dada" Adult: "Dadedade"
   2. considerations:
      a. infants also need time to babble alone and without interruption. Frequently, babbling will cease when an adult joins in, inhibiting the infant's self-discovery of sounds. The infant's response to the adult's interruption will determine whether or not to pursue an imitation activity.

B. Expansion: expansion is a way of responding to a child's phrase or statement by expanding it into a more complex statement (this is expanding the syntax used by the child).
   1. examples:
      a. Child: "doggie up" Adult: "Yes, the doggie wants to get up."
      b. Child: "mommy bye-bye" Adult: "Mommy is going bye-bye."
      c. Child: "ball gone?" Adult: "Is the ball gone? Yes."
   2. considerations
      a. when expanding, be sure to use the same sentence form that the child used - at a slightly more complex level. For instance, in example 1b., the adult, in effect, simply filled in the missing words.
      b. do not expect the child to then repeat the statement as you said it. The child will integrate and use your model when he/she is developmentally ready. Do not expect an immediate response.
      c. remember, you are expanding, not correcting. All attempts at communication, particularly for the child with a delay, should be encouraged. Correction discourages!

C. Elaboration: when elaborating upon a child's phrase or statement, more information is being added to what the child said. (This is expanding the semantic or meaning level of the child's utterance).
   1. examples:
      a. Child: "Doggie hair" Adult: "Yes the doggie has fur. Her fur is soft."
      b. Child: "Truck go." Adult: "The truck is going down the street. It's a big red truck."
   2. considerations
      a. add only one or two "bits" of information at a time. Do not overload the child to the point of confusion.
      b. again, do not expect the child to imitate what you have said; remember, comprehension preceeds production.

D. Parallel talk: if the child is non-verbal, or communicates infrequently, it is often helpful to put words to his/her actions as he/she plays silently. It may sound stilted, but the approach is effective if used in small doses.

1. example: (As the child plays with a toy truck)
   Adult: "Tommy is playing with a truck. Look, the truck is going down the road. Tommy is pushing the truck. The truck is making a loud noise."

* For more information on modeling, the following sources are recommended:

1. Hatten, J. & Hatten, P., 1975, pp. 55-60.
2. Eisenson, J., 1976, pp. 59-71.
3. Montgomery County Easter Seal Treatment Center (Parent manual, 1973, introduction.

IV. Selection and presentation of children's stories

A. Early development of response to picture books:*

15 months --- Inhibits grasping and manipulating of book. Assists in turning pages. Pats pictures.
18 months --- Shows active interest in book. Turns pages, two or three at a time. Looks at pictures selectively.
21 months --- Names or points to one item.
24 months --- Turns pages singly. Names or points to many details of pictures.
36 months --- Gives action when asked, "What is he doing?"
42 months --- May recite verse (nursery rhyme). May tell how many children (up to 2 or 3) in a picture.

*Gesell, A., 1940, pp. 212.

B. Considerations when selecting books.

1. choose books which you enjoy. You may end up reading the book numerous times.
2. what is the child able to understand? Keep in mind that the child might understand a story even if he is not able to recall any of it. Ask "yes/no" questions to get a more realistic picture of what the child understood.
3. picture books, rhymes, and stories: different types of books are appropriate at different age levels.
   a. pictures books, with or without words, are particularly good for the toddler (15-24 months).
   b. books with nursery rhymes and jingles are especially appealing to the 2-4 year old. At this age, children love the constant repetition provided by the rhymes and jingles; this age child loves simple stories, too.
   c. longer, more involved stories are usually appropriate for the 4-6 year old child. This varies widely; some children are able to follow a story line much earlier.
4. select topics of interest to the child; for the younger child, places and things in his everyday life are particulary interesting. Keep in mind that children tend to develop favorite topics. Allow the child to explore special interest in depth, but introduce new subjects as well.
5. select books about children's feelings; stories about children who feel anger, inability to share, frustration, hurt and dislike for certain people and things make children feel good to see people in stories with feelings close to their own. This kind of story helps the child learn how to recognize feelings.

6. select books with simple, realistic illustrations; while the young child is still developing a picture of what his world looks like, it is helpful to have pictures which stick to reality. Fantasy in books can be stimulating, but use sparingly with the younger child. Be sure the books you select have pictures large enough to be seen and recognized; avoid the cluttered, busy look that distracts from many books.

C. Considerations when presenting books.
   1. pick a time free of interruptions
   2. pick a comfortable spot. Reading aloud a story is a perfect opportunity for physical closeness with the child.
   3. practice reading aloud some of the nursery rhymes and stories, so that they will flow smoothly when reading to the child; (tape yourself - you may discover how to improve your voice and manner).
   4. read slowly, in a low, soft voice; avoid reading in a "singsong" or over-dramatic manner.
   5. hold the book so that pictures can be seen easily by the child.
   6. encourage the child to be as involved as possible, for example, counting people or objects, or turning the pages.
   7. after you have read a story several times, stop and talk about what is happening in the story and what will happen next. If the child is unable to tell anything about the story, supply the answers and try again next time.
   8. don't ask too many questions. Teach, don't test; let the child simply enjoy the sounds of the words and phrases.
   9. don't interrupt the story too often; sometimes a discussion in the middle of a story causes the child to lose interest in the story altogether.
   10. let the child know that books are nice to own; demonstrate that books are given special care.

D. Types of books for young children (1-6 years)*
   1. Mother Goose rhymes are available in a variety of sizes and prices; children love the volumes of rhymes, as well as books of single rhymes or stories.
   2. nursery tales have lots of action and repetition; children often love to join in on the telling of these stories; they are easy to remember.
   3. bedtime stories encourage a warm and relaxed mood. Bedtime is often the best time to develop the child's interest in books.
   4. stories about other children are popular, especially when written about children whose adventures are familiar to the listeners.
   5. modern animal stories are usually appealing; farm and zoo animals are easily recognized by preschool children.
   6. funny stories, funny rhymes, and funny songs - Dr. Seuss, for example.
   7. song books, containing rhymes, folksongs, jingles with repeating phrases and verses are usually enjoyed by young children.
   8. poetry - even if the meaning does not get across, children love the rhyme and rhythm.

* See Larrick, N., 1975 for elaboration and specific book suggestions.

V. Taking a language sample: language samples are used by the speech pathologist to evaluate the developmental status of a child's spontaneous speech. This is frequently carried out in a clinical setting while the clinician attempts to elicit a conversation with the child, using toys and pictures. Teachers and aides however, are sometimes called upon to collect samples of children's speech while interacting in the classroom and while playing with other children. The following are general guidelines for recording observations of children's spontaneous speech:

A. Specific instructions should be provided by the therapist requesting the sample.
B. Record utterances (phrases or sentences spoken by the child) as consecutively as possible within a given block of time.
C. Whenever possible, record the context of the utterance (i.e. response to question by adult, comment to playmate while building blocks).
D. Do not record echolalic or imitative responses.
E. Do not record utterances which are unintelligible.
F. Record each word or phrase only once - if child repeats himself thoughout the conversation, do not record (unless requested by the therapist).
G. Record responses verbatim. (If child says "mommy baking cookies," tendency is to record "Mommy's baking cookies.")
H. It may be helpful to use a tape recorder. If this is done, it is helpful to immediately repeat the child's responses, for greater ease in recording from the tape at a later date.

VI. Management considerations: the following precautions and/or guidelines should be considered when working with children with specific problems.
  A. Nonverbal children with developmental delays.
    1. consistently pair words with the gestures children use to convey feelings and information.
    2. provide experience with objects and actions before teaching labels.
    3. use familiar toys and household objects in activities.
  B. Children with multiple misarticulations.
    1. avoid constant correction of pronounciation.
    2. listen closely, and watch the child's facial expressions and gestures to reduce the child's frustration while attempting to communicate.
  C. Children with exaggerated response to sound (i.e. certain types of cerebral palsy)
    1. avoid speaking loudly, suddenly or sharply.
    2. position child with a view of as much of the room as possible.
  D. Children with hearing impairments
    1. obtain eye contact before initiating conversation.
    2. keep your mouth free of obstruction while talking.
    3. when working with the child amidst a group of children, avoid turning your back while talking.
  E. Children with nonfluencies while speaking
    1. listen to the child with complete attention; avoid interruptions.
    2. avoid comments which bring direct attention to the child's non-fluencies (i.e. "slow down and start again," or "You're talking too fast.")
  F. Children with suspected voice problems (i.e. hoarseness)
    1. suggest to parents or speech and language pathologist referral to a doctor.
    2. discourage the child from shouting outdoors and from loud talking and harsh whispering.
  G. Children with vision problems
    1. take time to describe objects clearly, allowing the child to utilize other modalities when exploring each item.
    2. describe feelings, actions, concepts and situations as they occur, making frequent reference to familiar and concrete examples.
    3. encourage the child to look at the speaker, to foster appropriate communication behaviors.
  H. Children with adaptive equipment (i.e. hearing aid, headstick) and/or alternative communication systems (i.e. sign language, communication board).
    1. be sure that you are taught how to operate equipment to elicit maximum responses from child.
    2. be sure that others outside classroom are familiar with child's equipment and/or communication system, to make transitions from room to room easier within the school setting.

M. Manning/1978

COMMUNICATION DEVELOPMENT

Handout 2

Name:______________________ Date:______________________

Description of Child: The child is 3 years old with an overall developmental delay.

Instructional Objective: The child will be able to correctly identify 5 body parts on himself on request.

Activity	Materials	Method	Position of Child and Adult	Evaluation
Outlining child on large piece of paper.	Piece of paper large enough for child to lie on. Thick crayon. Floor space. Thumbtacks or tape.	While outlining child, name basic parts as you trace them. When finished, tack up to bulletin board or wall, and ask the child to point to his own (arm, leg, head, hand, foot) and then to find one on the picture.	Child lies on paper placed on cleared floor space, while adult outlines. Afterward, paper is tacked on wall at child's eye level, while child and adult sit or stand in front of it.	
Simon Says game with directions involving body parts.	None.	Tell child that he is now going to listen to Simon, & do what Simon says. Give 5 different commands (blink eyes, open mouth, touch nose, flap arms, raise one leg) demonstrating each as command is given. Wait for child to respond after each command & demonstration. Repeat the series without demonstration, asking child to rely on verbal cues alone.	Child and adult sit across from each other on the floor.	

M. Manning/Dartmouth Medical School/1978

COMMUNICATION DEVELOPMENT

Name:________________________

Handout 3

Date:____________________

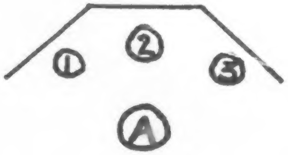
Description of Children: 1) A 4 year old with a general language delay (2-3 word phrases).

2) A 3 year old with cerebral palsy. The child is involved in all extremities, with normal speech and language.

3) A 4 year old with spina bifida and delayed language. Speech is often echolalic.

Instructional Activity: Vocabulary development/action words

Instructional Method: The children will take turns performing actions shown to them on picture cards by the teacher while the other children guess the action and give the label.

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: The child will correctly perform 2 actions; & will label the remaining 4 actions with no assistance, using the -ing ending.	Screen 4 chairs (may need special chairs for child #2 & #3. Large pictures of familiar actions: running jumping sleeping eating blowing crying	For each child's turn, adult will select a picture to show child, who will then perform action (running, jumping); other children will guess action. When children 2 & 3 are performing actions, child 1 will be expected to guess all actions in response to question "what is ____ doing?" Child 1 will respond with verb + ing (i.e. crying).		
Child 2: The child will correctly perform 2 actions; & will label the remaining 4 actions using a short sentence. No assistance.		Child 2 will be shown pictures of eating and blowing, and will guess the other actions by responding in a short sentence (i.e. Tommy's jumping). After each child's response, adult will model complete sentence. (Yes, Tommy is jumping).		
Child 3: The child will correctly perform 1 action with no assistance, & 1 with assistance; & will label 2 of the 4 actions using a single word response with no verbal cue.		Child #3 will be shown pictures of sleeping and crying, & will guess other actions by responding with name of the action. To avoid echolalia, no verbal model should be given by adult prior to question.		

M. Manning/Dartmouth Medical School/1978

Worksheet 1

List the type of meaning expressed in each of the following phrases. Select your choice from the following list. You may use an item more than once:

naming	possessive
location	agent-action
descriptive	non-existence

1. that shoe
2. ball gone
3. baby cold
4. baby's mouth
5. boot hallway
6. baby sleeping
7. shoes there
8. Linda jumping
9. that yellow
10. kitty gone

Identify one grammatical element in each sentence. Select the appropriate item from the following list of elements. Use each item only once:

plural	pronoun
is, - ing	possessive
past tense	negative

1. I wanna play with cars.
2. It is raining.
3. It's not your turn.
4. He ate a hot dog.
5. Mommy's shoes are wet.
6. I'm hungry.

Worksheet 2

Fill in an appropriate adult response to the child's statement according to the type of modeling presented.

Type of modeling	Child response	Adult response
1. expansion	"baby cry"	
2. elaboration	"nice kitty"	
3. expansion	"mommy go bye-bye"	
4. expansion	"doggy running"	
5. parallel	(child drawing)	
6. parallel	(child stringing beads)	
7. expansion	"baby want more"	
8. elaboration	"see fat truck"	
9. elaboration	"shoe hurt"	
10. elaboration	"dolly stuck"	

Using the guidelines listed under "Taking a language sample" in Handout 1, observe the video tape and record, as accurately as possible, the child's expressive language within a 10-15 minute segment. Compare samples with the other students when completed. To clarify discrepant observations, view the video tape again.

Name:______________________ COMMUNICATION DEVELOPMENT Date:______________________ 16.

Worksheet 3

Description of Child: The child is 8 months old with a mild hearing loss.

Instructional Objective: The child will be able to localize to loud familiar sounds.

Activity	Materials	Method	Position of Child and Adult	Evaluation

COMMUNICATION DEVELOPMENT

Worksheet 4

Date:____________________

Name:______________________________

Description of Child: The child is 4 years old with a history of ear infection. His hearing appears to be normal, although he has a language delay.

Instructional Objective: The child will be able to correctly match 6 animal sounds with their respective animals with no assistance.

Activity	Materials	Method	Position of Child and Adult	Evaluation

COMMUNICATION DEVELOPMENT

Name:____

Worksheet 5

Date:______________________________

Description of Children: 1) A 2½ year old child with a moderate hearing loss.

2) A 3 year old child with delayed expressive language (10-12 word vocabulary)

3) A 5 year old child with a severe developmental delay (20-word vocabulary)

Instructional Activity: Vocabulary development/food items.
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: The child will name 6 items and will recognize 8 items on request, with no assistance.				
Child 2: The child will name 3 items and will recognize 8 items on request, with no assistance.				
Child 3: The child will name 2 items and will recognize 4 items on request, with no assistance.				

Name:______________________________ Worksheet 6 Date:_______________________

Description of Children: 1) A 3 year old with cerebral palsy whose speech is unintelligible. The child is beginning to use a communication board.

2) A 4 year old with a severe hearing loss and delayed language.

3) A 2½ year old with a short attention span and a mild delay in language.

Instructional Activity: Vocabulary development/ prepositions in, on, and under.
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: The child will correctly place 1 object in, on, and under a container on command without demonstration (physical assistance may be necessary).				
Child 2: The child will correctly place 2 objects in, on, and under containers on command with no assistance.				
Child 3: The child will correctly place 1 object in and under a container on command with no assistance.				

Suggested Assignments

Readings:

Eisenson, J., 1976, pp. 1-83; 93-148.
Smith, R. & Neisworth, J., 1975, pp. 341-364; 30-31.

Activities:

1. Explain the difference between speech and language. (2)

2. Smith and Niesworth (1975) describe two basic types of language problems:
   a. delayed verbal communication
   b. aphasia
   Describe the difference between the two. (2)

3. Match the following series of two-word phrases with the name of the type of meaning expressed or intended. Place the letter of the type of meaning on the appropriate line. (3)
   ___ 1) "Baby cry" a. naming
   ___ 2) "That (a) shoe" b. non-existence
   ___ 3) "Mommy ('s) chair" c. agent-action
   ___ 4) "Allgone milk" d. object-action
   ___ 5) "Truck go" e. possessive

4. The following is a brief expressive language sample of four year old Jason. List three grammatical elements which have emerged. (3)
   a. Bobby's shoe got wet.
   b. What's your name? 1) ____________________
   c. I breaked my dolly's arm. 2) ____________________
   d. I want two cookies. 3) ____________________

5. For each case study, match two considerations for the child with a communication problem. Use each consideration only once. (4)
   a. Avoid speaking suddenly, loudly, or sharply.
   b. Listen closely, observe gestures and facial expressions.
   c. Provide experience with objects before teaching labels.
   d. Avoid constant correction of pronunciation.
   e. Use familiar toys and household objects in activities.
   f. Present pictures at midline.
   ___ ___ 1) Mark is a 2 year old Down's Syndrome child who is not yet using words for objects. He jargons freely, however, and produces many different consonants and vowels. Your objective is to guide him toward the use of single words.
   ___ ___ 2) Melissa is a 3 year old girl with spastic cerebral palsy. She has a strong startle response to sound and is influenced by an ATNR. She is beginning to identify pictures in books. Your objective is to increase her expressive vocabulary through pictures.
   ___ ___ 3) Patty is a 5 year old girl with multiple misarticulations. She is unintelligible 75% of the time. She is in your classroom and your objective is to avoid increasing her sense of frustration.

6. In the following chart, fill in an appropriate adult response to the child's statement according to the type of modeling presented. (5)

Type of Modeling	Child Response	Adult Response
1. Elaboration	"see ball."	
2. Expansion	"doggy bark."	
3. Parallel talk	silently playing with clay.	

7. Indicate which of the following statements are true or false by checking the appropriate line. (5)

T F

___ ___ a. The 18 month old child shows an active interest in picture books.

___ ___ b. It is best to avoid discussing children's feelings through story books.

___ ___ c. Pictures which portray reality are most helpful for the young child.

___ ___ d. Interrupt the story frequently to be sure the child understands what is being read.

___ ___ e. Encourage the young child to sit quietly and silently while you read.

8. Select a book and read it to a preschool child. Describe: (6)
   a. The child
   b. The book
   c. The guidelines used in selecting and reading the book.
   d. The response of the child.

9. Using the activity sheets provided, plan two activities to reach each of the instructional objectives for the children described below. (7)

   a. Description of child: The child is 30 months old with a mild visual impairment. He wears glasses for all class work which enables him to complete tasks successfully.
      Instructional Objective: The child will be able to correctly name six pictures of common objects.

   b. Description of child: The child is 5 years old, with a moderate hearing loss resulting in a language delay. He uses an auditory trainer to help pick up work endings.
      Instructional Objective: Given a series of ten pictures of two or more of the same item on each, the child will use the regular plural form when labeling at least five pictures.

10. Plan a meeting with your supervisor to determine an appropriate communication objective for a child with whom you work. Using the activity sheet provided, plan two activities with your supervisor's approval. After completion of the activities, write two evaluation comments for each describing how the child performed the activities.

11. Using the activity sheets provided, plan how to implement the activities for the children described below. (8)

    a. Description of children:
       1) A 2½ year old with a moderate hearing loss.
       2) A 3 year old child with delayed expressive language (10-12 word vocabulary)
       3) A 5 year old child with a severe developmental delay (20 word vocabulary)

       Instructional Activity: Vocabulary development/clothing items.

       Instructional Objective for each child:
       1) Child 1: The child will name 5 items and point to 5 items on request, no assistance.
       2) Child 2: The child will name 2 items and point to 5 items on request with no assistance.

3) Child 3: The child will name 3 items and point to 5 items on request with no assistance.

b. Description of children:
1) A 3 year old with cerebral palsy whose speech is unintelligible. The child is beginning to use a communication board.
2) A 4 year old with a severe hearing loss and delayed language.
3) A 2½ year old with a short attention span and a mild delay in language.

Instructional Activity: Auditory sound discrimination with environmental noises, using audio tape and matching pictures/ objects.

Instructional Objective for each child:
1) Child 1: The child will correctly pair 4 familiar sounds with their pictures on request, with no assistance.
2) Child 2: The child will correctly pair 4 familiar sounds with their corresponding objects, with no assistance.
3) Child 3: The child will correctly pair 2 familiar sounds with their corresponding objects, with no assistance.

12. Plan a meeting with your supervisor to determine an appropriate communication activity which could be implemented with a group of three children in your facility. Using the activity sheet provided, plan the activity with your supervisor's approval. After completion of the activity, write an evaluation comment describing how each child performed.

Suggested Test Questions

Match each of the following developmental skills with its corresponding age level. (1)

___ 1. babbling a. 12 months
___ 2. 2-word phrases b. 24 months
___ 3. emergence of first word c. 48 months
___ 4. emergence of most grammatical elements d. 9 months

Indicate whether the following statements are true or false by checking the appropriate line. (3)

T F
___ ___ 5. Typical sounds in a child's early vocabulary include /r/, /s/ and /l/.
___ ___ 6. The year-old child uses single words to convey whole sentences.
___ ___ 7. The child's early sentences are incorrect versions of adult sentences.
___ ___ 8. The child's earliest questions are usually "why" questions.
___ ___ 9. A child's early vocabulary is usually made up of labels for things that the child can manipulate or act upon.

The following is a brief expressive language sample of 4 year old Mark. List three grammatical elements which have emerged. (3)

a. I want two crackers. 10.____________________
b. Mommy's dress is pretty. 11.____________________
c. What's in the box? 12.____________________
d. I breaked my truck.

Following are 3 children's statements, each of which is followed by an adult response. Match each adult response with the type of modeling it represents. (6)

	Child	Adult
___ 13.	"Daddy bye-bye."	"Daddy is going bye-bye."
___ 14.	"Kitty's hair."	"The kitty's fur is soft."
___ 15.	silently playing with truck.	"Tommy is pushing the truck."

a. Elaboration
b. Expansion
c. Parallel talk

For each case study, match two considerations for the child with a communication problem. Use each consideration only once. (4)

a. refer the child to a doctor.
b. obtain eye contact before initiating conversation.
c. listen to the child with complete attention, avoiding interruption.
d. discourage the child from shouting.
e. keep mouth free of obstruction while talking.
f. avoid comments such as "you're talking too fast; start again."

___ 16. Linda is a three year old child who exhibits nonfluency in her speech.
___ 17. At this point, she shows no concern or awareness of her repetitions. You want to avoid creating a problem of stuttering.
___ 18. Johnny is a 5 year old child who has had a hoarse voice for over a week.
___ 19. While he had a cold recently, he has apparently recovered. You are concerned, and feel the need to take some action.
___ 20. Victor is a 4 year old child with a severe hearing loss. He has recent-
___ 21. ly been placed in your classroom, and you want to communicate as effectively as possible with him.

Match the following different types of books with the most appropriate age level with which they should be used. Place the letter of the age level on the appropriate line. (5)

___ 22. Story books
___ 23. Nursery rhymes
___ 24. Picture books

a. 15-24 months
b. 4-6 years
c. 2-4 years

Suggested Test Questions

Match each of the following developmental skills with its corresponding age level. (1)

_d_ 1. babbling
_b_ 2. 2-word phrases
_a_ 3. emergence of first word
_c_ 4. emergence of most grammatical elements

a. 12 months
b. 24 months
c. 48 months
d. 9 months

Indicate whether the following statements are true or false by checking the appropriate line. (3)

T F
___ _x_ 5. Typical sounds in a child's early vocabulary include /r/, /s/ and /l/.
_x_ ___ 6. The year-old child uses single words to convey whole sentences.
___ _x_ 7. The child's early sentences are incorrect versions of adult sentences.
___ _x_ 8. The child's earliest questions are usually "why" questions.
_x_ ___ 9. A child's early vocabulary is usually made up of labels for things that the child can manipulate or act upon.

The following is a brief expressive language sample of 4 year old Mark. List three grammatical elements which have emerged. (3)

a. I want two crackers.
b. Mommy's dress is pretty.
c. What's in the box?
d. I breaked my truck.

10. _plural_
11. _regular past tense_
12. _possessive_

Following are 3 children's statements, each of which is followed by an adult response. Match each adult response with the type of modeling it represents. (6)

Child	Adult
_b_ 13. "Daddy bye-bye."	"Daddy is going bye-bye."
_a_ 14. "Kitty's hair."	"The kitty's fur is soft."
_c_ 15. silently playing with truck.	"Tommy is pushing the truck."

a. Elaboration
b. Expansion
c. Parallel talk

For each case study, match two considerations for the child with a communication problem. Use each consideration only once. (4)

a. refer the child to a doctor.
b. obtain eye contact before initiating conversation.
c. listen to the child with complete attention, avoiding interruption.
d. discourage the child from shouting.
e. keep mouth free of obstruction while talking.
f. avoid comments such as "you're talking too fast; start again."

_c_ 16. Linda is a three year old child who exhibits nonfluency in her speech.
_f_ 17. At this point, she shows no concern or awareness of her repetitions. You want to avoid creating a problem of stuttering.
_a_ 18. Johnny is a 5 year old child who has had a hoarse voice for over a week.
_d_ 19. While he had a cold recently, he has apparently recovered. You are concerned, and feel the need to take some action.
_b_ 20. Victor is a 4 year old child with a severe hearing loss. He has recent-
_e_ 21. ly been placed in your classroom, and you want to communicate as effectively as possible with him.

Match the following different types of books with the most appropriate age level with which they should be used. Place the letter of the age level on the appropriate line. (5)

b 22. Story books
c 23. Nursery rhymes
a 24. Picture books

a. 15-24 months
b. 4-6 years
c. 2-4 years

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

SELF-HELP SKILLS

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MODEL INFANT AND TODDLER PROJECT

Department of Psychiatry

Dartmouth Medical School

Instructor's Guide

Overview

This unit presents basic information about the development and remediation of self-help skills.

Prerequisites

For the Instructor - The instructor should be a registered occupational therapist with pediatric experience.

For the Student - The student should have completed the units Overview of Development: Normal and Exceptional, Overview of Program Implementation Skills, Principles of Instruction, Gross Motor Development, Perceptual-Motor Development, Fine Motor Development, Cognitive/Adaptive Development, Communication Development, Socialization, or their equivalent.

Time Needed

Approximately 12 hours.

Materials Needed

1. To be duplicated for each person:
    - Handouts 1 - 4
    - Worksheets 1 - 5
    - Assignments
    - Activity Sheet I (3 copies)
    - Activity Sheet II (3 copies)

2. Other materials:
    - Assigned readings
    - Samples or slides of adaptive equipment for feeding, dressing, toileting
    - Slide projector and screen, if slides are to be used

Physical Arrangements Needed

If slides are used, a room which can be darkened

Objectives

1. The student will be able to identify the basic sequences of self-help behaviors discussed in the lecture.
2. The student will be able to explain the importance of developing self-help behaviors with respect to:
    a. the child's social-emotional development
    b. the child's relationship to his/her family
    c. the child's and/or family's relationship to the outside world
3. The student will be able to identify three reasons why it is sometimes difficult for caregivers to implement a self-help program.
4. The student will be able to identify when the guidelines for self-help remediation are appropriately followed in specific situations.
5. Given descriptions of children, the student will be able to select the most appropriate adaptive aid to assist development of self-help skills.
6. The student will be able to suggest two activities which may prove useful in helping delayed or atypical children develop a major developmental milestone.
7. Given descriptions of groups of children, the student will be able to plan and implement appropriate group self-help activities.
8. Given self-help objectives for children with whom s/he works, the student will be able to plan and implement appropriate activities.

Outline

I. Introduction
    A. Importance of developing self-help behaviors
        1. child's social-emotional development
        2. child's relationship to his/her family
        3. child's and/or family's relationship to outside world
    B. Developmental milestones (Handout I)

References: Banus, B.S., 1971, pp. 90-91.
Connor, F.P., et al. (Eds.), 1978, pp. 183-189.
Fallen, N.H., 1978, pp. 159-177.
Herst, J. et al., 1976.
Molloy, J.S., 1972, pp. 97-98.

II. Nutrition
    A. Basic components
    B. Nutritional care during pregnancy
    C. Effects on development
        1. pre-natal
        2. post-natal
        3. pre-school
    D. Disabilities leading to nutritional difficulties
    E. Nutritional requirements of children with disabilities
    F. Controversial issues

References: Connor, F.P., et al. (Eds.), 1978, pp. 57-96.
Johnston, R.B. & Magrab, P.R. (Eds.), 1976, pp. 330-337.
Palmer, J. & Ekvall, S. (Eds.), 1978.
Smith, M.H. (Ed.), pp. 16-18, 30-38, 64-78, 94-101, 115-116.

III. Remediation
- A. Problems related to intervention programs
  - 1. problems inherent in teaching self-help skills
  - 2. problems related to family dynamics
- B. Guidelines when planning and implementing self-help programs (Handout 1)
  - 1. pre-requisite skills
  - 2. child's developmental skills
  - 3. child and family needs
- C. Reasons for using adaptive equipment
- D. Effects of self-help problems on other areas of development (Handout II)
- E. Developmental areas (Worksheet 1)
  - 1. feeding
    - a. oral-motor problems
      - 1) reflexes (Handout 2)
      - 2) jaw control
    - b. upper extremity problems
    - c. behavior problems
  - 2. dressing/undressing
  - 3. toileting
  - 4. hygiene
- F. Curricula
- G. Activity planning (Handout 3, Worksheets 2 & 3)
- H. Individual vs. group settings (Handout 4, Worksheets 4 & 5)
- I. The role of the specialist

References: Connor, F.P., et al. (Eds.), 1978, pp. 183-205.
Fallen, N.H., 1978, pp. 177-185.
Favell, J.E. & Gibby, R., 1974.
Finnie, N., 1975, pp. 75-132.
Hart, V., 1974, pp. 12-45.
Johnson, V.M. & Werner, R.A., 1975, pp. 87-113.
Molloy, J.S., 1972, pp. 98-100.
Pearson, P.H. & Williams, C.E., 1972, pp. 283-309.
Robinault, I.P., 1973, pp. 94-138.
Smith, M.H., pp. 56-62.

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Banus, B.S. The developmental therapist. Thorofare, N.J., Charles B. Slack, 1971.

Connor, F.P., Williamson, G.G., & Siepp, J.M. (Eds.) Program guide for infants and toddlers with neuromotor and other developmental disabilities. New York: Teachers College Press, 1978.

Fallen, N.H. & McGovern, J.E. Young children with special needs. Columbus, Oh.: C.E. Merrill, 1978.

Favell, J.E., & Gibby, R. Self-help training and evaluation: '3' area (Vol. 5), 25. Western Carolina Center, December, 1974.

Finnie, N. Handling the young cerebral palsied child at home. New York: E.P. Dutton & Co., 1975.

Hart, V. Beginning with the handicapped. Springfield, Il.: Charles C. Thomas, 1974.

Herst, J., Wolfe, S., Jorgenson, G., Pallan, S. SEED Developmental Profiles. Denver: Sewall Rehabilitation Center, 1976.

Johnston, R.B. & Magrab, P.R. (Eds.) Developmental disorders. Baltimore: University Park Press, 1976.

Johnson, V.W. & Werner, R.A. Step-by-step learning guide for retarded infants and children. Syracuse, N.Y.: Syracuse University Press, 1975.

Molloy, J.S. Trainable children. New York: John Day Co., 1972.

Palmer, S. & Ekvall, S. (Eds.) Pediatric nutrition in developmental disorders. Springfield, Il.: C.C. Thomas, 1978.

Pearson, P.H. & Williams, C.E. (Eds.) Physical therapy services in the developmental disabilities. Springfield, Il.: C.C. Thomas, 1972.

Robinault, I.P. (Ed.) Functional aids for the multiply handicapped. New York: Harper & Row, 1973.

Smith, M.H. (Ed.) Feeding the handicapped child. Memphis, Tn.: Child Development Center.

Handout 1

Guidelines when planning and implementing a self-help program

General Considerations:

1. Activities should be taught within a context that makes sense to the child. If working on undressing, have the child undress to do something - participate in a messy activity or get ready for a bath.
2. The child should be allowed and expected to do what s/he is able to do at any given step in a task.
3. There are many ways of teaching self-help skills such as dressing/undressing, i.e. on a doll, on another person, on the child. It is important to determine which strategy would be most effective for each child.
4. In some activities it may be easier to teach new skills by breaking them down into their subskills and then teaching the sequence in reverse order. E.g.: child is taught to remove a sock by first learning to pull it off when it is just resting on the toes.
5. Do not delay teaching self-help activities because the child cannot follow verbal directions or does not have verbal labels to accompany objects and actions. Children, particularly retarded children who are delayed, often learn to do a task before they have developed the language related to the task.
6. It is generally best to position yourself behind the child so that your movements parallel those you would like the child to make.
7. Regardless of position used, when working on a particular skill you should always position yourself and the child the same way. The position should allow for maximum independence of the child without increasing the child's use of abnormal muscle tone, reflexes, etc.
8. The same equipment which is used in the center should be available at home.
9. A feeding program should minimally interrupt the normal family or care-giver/child social interaction.

Handout 2

Oral Reflexes

The following oral reflexes are present at birth. By 3-5 months these reflexes usually have been either integrated into more voluntary patterns of movement, or have matured into more efficient patterns, or have been reduced. Failure of the reflexes to integrate or mature can have far-reaching effects on the development of feeding skills and in some cases, on the development of the oral-motor skills needed for speech movements.

1. ROOTING

Origin: Birth

Integration: 2-4 months

Method: The index finger is stroked lightly on one side of the infant's face, while the infant is in supine, with the head in midline. This reflex should not be tested immediately before or after feeding.

Reflex: The infant's head will turn to the source of the stimulus, with the tongue slightly protruding. The infant usually will attempt to suckle the stimulating finger.

Importance:
1) The rooting reflex enables the infant to locate the source of nourishment.
2) Warning signs for potential problems:
    a) asymmetry
    b) absence
    c) late persistence

As a group, discuss the effects on functioning with each of the potential problems listed above.

2. SUCKLE/SWALLOW

Origin: Birth (may be irregular with 1st week of life)

Integration: 3-7 months - gradually lessens in intensity to become a less rhythmic and more voluntary sucking action.

Method: The index finger is placed in the infant's mouth, while the infant is in supine, with the head in midline.

Reflex: Strong, rhythmical suckle/swallow movements (up and down, backward and forward movements of the tongue).

Importance:
1) This reflex allows the infant to readily obtain nourishment by providing automatic lip closure around a nipple, followed by repeated suckles, and a swallow.
2) Warning signs for potential problems:
    a) asymmetry
    b) absense
    c) late persistence

As a group, discuss the effects on functioning with each of the potential problems listed above.

3. BITE

Origin: Approximately one month

Integration: 6-8 months

Method: The index finger is placed on the infant's gums or lips, while the infant is in supine, with the head in midline.

Reflex: Rhythmical opening and closing of the jaw, continuing as long as stimulation is occurring.

Importance:
1) The bite reflex eventually integrates to become a more voluntary and efficient munching, and later, rotary chewing movement.
2) Warning signs for potential problems:
    a) asymmetry
    b) absence
    c) late persistence

As a group, discuss the effects on functioning with each of the potential problems listed above.

4. GAG

Origin: Birth

Integration: Present throughout the individual's life, but weakens considerably after approximately 5 months.

Method: The index finger is placed on the infant's hard palate or tongue, while the infant is in supine, with the head in midline.

Reflex: Contraction of some oral muscles, protruding of the tongue, and extension of the head and neck may occur when pressure is applied to the back of the tongue or hard palate.

Importance: 1) The gag reflex is protective in nature, preventing food from entering the lungs. As the infant mouths objects, tolerance for oral stimulation increases, lessening the strength of the reflex.

2) Warning signs for potential problems:
  a) absence
  b) late persistence

As a group, discuss the effects on functioning with each of the potential problems listed above.

SELF-HELP SKILLS

Name: ________________________________

Handout 3

Date: ________________________ 9

Description of Child: 3 year old child with spastic quadruplegia. Has fair sitting balance but cannot reach feet when in long sitting. Grasp is adequate though weak.

Instructional Objective: When sock if placed on her toes, the child will pull sock over heel with minimal assistance.

Activity	Materials	Method	Position of Child and Adult	Evaluation
Pulling adult sock over heel. Sock has embroidery hoop inside open end.	adult sock 4" embroidery hoop roll (6" diameter)	Child takes position in corner and places roll under one knee. Adult puts hoop on sock & holds it at the top & tells child to grasp sides with each hand. Adult guides hoop over toes & tells the child to pull it over rest of foot up to ankle. Adult points or touches place where hoop should stop. Child pulls hoop. Repeat with other leg.	Child sits in corner with a roll under knee so that foot is brought closer to hands. Adult sits next to child.	
Pulling on a sock which is 1 - 2 sizes too large.	large sock roll (6" diameter)	Child takes position as above. Adult holds sock open over foot & tells child to grasp sides with each hand placing fingers next to adults. Adult guides sock over toes & tells child to pull it over rest of foot to ankle. Adult points or touches place where sock should stop. Child pulls sock. If necessary adult helps child maintain grasp by placing hands over child's. Adult does not help pull	Child as above. Adult sits opposite child.	

D.L. Schlachman/Dartmouth Medical School/1978

SELF-HELP SKILLS

Name: ________________________ Handout 4 Date: ________________

Description of Children: 1) 4 year old with developmental delays.

2) 3 year old with cerebral palsy.

3) 3 year old with hypotonia.

Instructional Activity: Increasing independence in toileting - getting pants down and up.

Instructional Method: Adult brings children to the bathroom and provides verbal and/or physical assistance as specified in objectives.

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: The child will push pants down, sit on toilet and pull them up again, given only verbal assistance.	Low toilet (not potty seat) Pants with elastic waist band.	Adult gives verbal cues only in order to keep child on task and following proper sequence. Verbal praise is given to reinforce step just accomplished.	Adult assists children #2 and #3 and provides only verbal cues to #1.	
Child 2: The child will place hands at waist, and with physical assistance getting thumbs inside pants, will push pants down and sit on toilet.	Low toilet (not potty seat) Pants with elastic waist band.	Adult waits for child to stand in front of toilet with hands at waist. Adult gives verbal cues regarding where the thumb must go. When thumbs are inside pant top, adult directs child to push pants down. Verbal praise and encouragement is given throughout activity.	Adult stands behind child and guides thumbs inside pants.	
Child 3: The child will push pants down, sit on toilet, and pull up to hips, adult will give physical assistance pulling over hips.	Low toilet (not potty seat) Pants with elastic waist band.	Adult gives verbal praise but no other help until child has pulled pants up as far as hips. Then adult puts hands over child's hands and helps pull. Adult assists child in positioning hands at different points to get pants up.	Adult stands behind child and puts hands over child's hands.	

D.L. Schlachman/Dartmouth Medical School/1978

Worksheet 1

For each self-help skill, discuss common problems and guidelines to consider when planning and implementing programs. Include adaptive equipment or aids which may be helpful in dealing with a problem. Suggested problems include: inadequate head control for feeding or dressing tasks; inadequate sitting balance for dressing or toileting tasks; increased muscle tone interferring with movements needed for feeding, dressing or hygiene tasks; reflex activity (A.T.N.R., T.L.R., grasp, rooting, biting, suckle/swallow); difficulty bringing hand to mouth; difficulty grasping or manipulating garments, fastening, utensils, toothbrush, etc.; oral-motor incoordination or hypersensitivity; absence of self-help pre-requisites or behaviors; negativity toward self-help tasks.

Self-Help Skills	Problems	Suggested Guidelines and/or adaptive equipment
Example: feeding	Child with poor coordination is able to hold spoon but spills content as spoon comes to mouth.	Adult sits behind child & provides physical assistance, i.e. may keep child's elbow at consistent level to increase coordination of hand to mouth pattern.
Example: hygiene	Child with oral-hypersensitivity reacts negatively to having teeth brushed; bites and cries.	Adult covers finger with gauze, and using jaw control, slowly and systematically goes over outside surface of teeth and then gums with finger.

SELF-HELP SKILLS

Worksheet 2

Name: ______________________________ Date: ______________________________

Description of Child: 10 month old child with hypotonia who is able to grasp objects with two hands in midline but does not hold own bottle and drink.

Instructional Objective: The child will maintain hands on bottle with minimal assistance and drink.

Activity	Materials	Method	Position of Child and Adult	Evaluation

MITP/Dartmouth Medical School/1978

Worksheet 3

Name:______________________________ Date:______________________________

Description of Child: 5 year old child with Down's Syndrome who rests tongue between lower lip and glass when drinking.

Instructional Objective: Child will drink ½ glass of liquid with tongue remaining in mouth.

Activity	Materials	Method	Position of Child and Adult	Evaluation

MITP/Dartmouth Medical School/1978

SELF-HELP SKILLS

Name:________________________________ Worksheet 4 Date:__________________________

Description of Children: 1) 1½ year old with developmental delays. Brings hand to mouth.

2) 2 year old with cerebral palsy. Finger feeds.

3) 1 year old child who is blind. No hand to mouth activity. Spits out food.

Instructional Activity: Increasing self-feeding behaviors during snacktime.
Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: Child will hold onto a soft pretzel and take a bite when given a physical prompt to initiate the action.				
Child 2: Child will return the spoon to the dish 2 times when given verbal cues only.				
Child 3: Child will bring hand to mouth 5 times when given physical assistance.				

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SELF-HELP SKILLS

Name:______________________ Worksheet 5 Date:______________________

Description of Children: 1) 3 year old with cerebral palsy. Cannot reach feet when in long sitting.

2) 3½ year old with hypotonia. Cannot maintain sitting position.

3) 2 year old with spina bifida. Sits independently.

Instructional Activity: Increasing undressing skills - removing socks.

Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: Child will remove a large sock independently given verbal cues and/or prompting.				
Child 2: Child will remove a large sock independently given verbal cues and/or prompting.				
Child 3: Child will pull off socks from her toes on request.				

MITP/Dartmouth Medical School/1978

SELF-HELP SKILLS

Suggested Assignments

Reading:
Finnie, N., 1975, pp. 75-132.

Activities:

1. With respect to each of the following areas, give one reason why developing self-help behaviors is important. (2)
   a. the child's social-emotional development.
   b. the child's relationship to his/her family.
   c. the child's and/or family's relationship to the outside world.

2. For many children, adaptive equipment is an essential part of their self-help program. List three functions adaptive equipment may serve. (5)

3. List three reasons why it is sometimes difficult for caregivers to implement a self-help program. (3)

4. Indicate which of the following statements are true or false by checking the appropriate line.

   T F
   ___ ___ a. an effective way to stimulate chewing in a motor delayed child is to place the food between the front teeth. (4)
   ___ ___ b. jaw closure is an essential part of cup drinking. (4)
   ___ ___ c. the purpose of jaw control is to improve oral motor functioning. (4)
   ___ ___ d. if a child is not able to grasp the spoon, s/he is not ready to be taught self-feeding. (4)
   ___ ___ e. if a child has not developed good sitting balance, it is best not to attempt a dressing program. (4)
   ___ ___ f. when dressing/undressing a severely involved C.P. infant, it is best not to lay the child on his/her back.(4)

5. a. Why is it sometimes easier to initially teach a child the last step of a self-help task than to initially teach the first step? (4)

   b. How would this apply if the child were learning to take off long pants? (4)

6. Why is it generally best to sit behind the child when teaching a new self-help skill? (4)

7. Sam is a 4 year old who is very weak and cannot sit without considerable support. In order to learn to undress and dress independently, it would be best for him to be positioned: (4)
   ___ a. in a chair with arms and a high back.
   ___ b. on the floor.
   ___ c. on a low bench.

8. Kevin is a 3 year old child with moderate spasticity. He is bottle fed because he chokes on milk or juice when he tries to drink from a glass. Identify 2 important considerations in helping Kevin take non-consecutive sips from a glass. (4)

9. Arrange the following self-help skills in sequence from earliest learned (#1) to latest learned (#4). (1)
   ___ undresses self rapidly.
   ___ takes off socks, hat and mittens.
   ___ dresses with minimal assistance.
   ___ pushes pants off legs once over hips.

10. Give one reason why spoons with built up handles are often given to children having spastic cerebral palsy. (5)

11. Identify one way to incorporate trunk rotation into removing the pants of a young child with cerebral palsy. (4)

12. Using the activity sheets provided, plan two activities to reach each of the instructional objectives for the children described below. (6)

a.	Description of child:	Claudia is a 5 year old with severe mental retardation. She finger feeds and will sometimes hold adult's arm during spoon feeding. She has not displayed any interest in using a spoon herself.
	Instructional Objective:	The child will maintain grasp of spoon during a meal with minimal assistance.
b.	Description of child:	Matthew is a 2½ year old with spastic diplegia. He is not participating in any dressing/undressing activities. He has adequate upper extremity coordination. He can maintain a long sitting position, but his balance is not good.
	Instructional Objective:	The child will be able to remove mittens and socks 3 out of 3 times.

13. Plan a meeting with your supervisor to determine an appropriate self-help objective for a child with whom you work. Using the activity sheet provided, plan two activities with your supervisor's approval. After completion of the activities, write two evaluation comments for each describing how the child performed the activities. (8)

14. Using the activity sheets provided, plan how to implement the activities for the children described below. (7)

a. Description of children:
   1) 6 year old with cerebral palsy. Sits independently.
   2) 6½ year old with hypotonia. Cannot maintain sitting position.
   3) 6 year old with spina bifida. Sits independently.

   Instructional Activity: Increasing dressing skills - pulling on T-shirt.

   Instructional Objective for each child:
   1) Child 1: Pulls T-shirt on over head when rolled up and laid on lap.
   2) Child 2: Pulls T-shirt on over head when handed to him/her.
   3) Child 3: Pulls T-shirt on over head when laid flat on lap.

b. Description of children:
   1) 3 year old with cerebral palsy. Cannot maintain grasp on spoon.
   2) 3 year old with developmental delay. Turns spoon at mouth.
   3) 2½ year old child who is blind. Cannot scoop.

   Instructional Activity: Improving spoon feeding.

   Instructional Objective for each child:
   1) Child 1: Child will eat independently for 5 bites using an adapted spoon.

  2) Child 2: Child will bring spoon straight into mouth when given physical assistance.
  3) Child 3: Child will independently scoop food onto spoon for 5 bites using an adapted dish.

15. Plan a meeting with your supervisor to determine an appropriate self-help activity which could be implemented with a group of three children in your facility. Using the activity sheet provided, plan the activity with your supervisor's approval. After completion of the activity, write an evaluation comment describing how each child performed. (8)

Suggested Test Questions

List three reasons why many parents have difficulty implementing self-help programs with their children. (3)

1.
2.
3.

Given the children described below, match the following self-help aids with their best use. Use each aid only once.

___ 4. Child cannot reach feet when long sitting. (5)
___ 5. Child has very low vision. (5)
___ 6. Child has limited forearm and wrist mobility. (5)
___ 7. Child has inadequate sitting balance. (5)
___ 8. Child's bilateral coordination is poor. (5)

a. curved handle on spoon
b. velcro closures
c. small bolster
d. plate guard
e. corner chair

9. The first step in establishing a toilet training program is to: (1)
   ___ a. teach the child to push down pants before sitting on toilet.
   ___ b. chart the child's bowel and bladdar behavior.
   ___ c. encourage the child to sit on the toilet for at least two minutes.
   ___ d. decide on a regular schedule for putting the child on the toilet.

Indicate which of the following statements are true or false by checking the appropriate line.

T F
___ ___ 10. It is usually better to wait until a child can follow verbal directions before teaching a self-help skill. (4)
___ ___ 11. When teaching a child to use a spoon, it is generally best for the adult to sit behind the child.(4)
___ ___ 12. When working with a child who is spastic, one should always put clothes on the more affected arm or leg first. (4)
___ ___ 13. Children learn to take food from a spoon and liquids from a cup at approximately the same age. (1)
___ ___ 14. It is important that the grasp reflex be integrated for good finger feeling to occur. (1)
___ ___ 15. Feeding an infant with a motor impairment on your lap is a good position because it allows you to control her head and trunk. (4)
___ ___ 16. Dressing/undressing a child in front of a mirror is a way of drawing the child's attention to what you are doing. (4)
___ ___ 17. If a child is having difficulty pushing her arm through a sleeve, the adult can best provide help by pulling the child's hand and saying "push." (4)

18. Lola is a 3 year old with poor upper extremity motor control who is finger feeding but not spoon feeding. A good place to start would be to: (4)
   ___ a. teach her to pick up the spoon by reaching across her midline.
   ___ b. teach her to hold onto a spoon and scoop food onto it.
   ___ c. have her hold your hand while you spoon feed her.
   ___ d. have her hold the dish while you spoon feed her.

19. Why is a cup with a spouted lid considered an inappropriate adaptive drinking aid for many children with oral-motor problems? (5)

Suggested Test Questions

List three reasons why many parents have difficulty implementing self-help programs with their children. (3)

1. *the programs require more time than parents feel they have for daily routines*
2. *the parents do not consider the development of these skills important to child*
3. *other siblings resent the attention given to the child around daily routines; it is easier for the parents to meet these needs themselves*

Given the children described below, match the following self-help aids with their best use. Use each aid only once.

c 4. Child cannot reach feet when long sitting. (5)
d 5. Child has very low vision. (5)
a 6. Child has limited forearm and wrist mobility. (5)
e 7. Child has inadequate sitting balance. (5)
b 8. Child's bilateral coordination is poor. (5)

a. curved handle on spoon
b. velcro closures
c. small bolster
d. plate guard
e. corner chair

9. The first step in establishing a toilet training program is to: (1)
___ a. teach the child to push down pants before sitting on toilet.
x b. chart the child's bowel and bladdar behavior.
___ c. encourage the child to sit on the toilet for at least two minutes.
___ d. decide on a regular schedule for putting the child on the toilet.

Indicate which of the following statements are true or false by checking the appropriate line.

T	F	
	x	10. It is usually better to wait until a child can follow verbal directions before teaching a self-help skill. (4)
x		11. When teaching a child to use a spoon, it is generally best for the adult to sit behind the child.(4)
x		12. When working with a child who is spastic, one should always put clothes on the more affected arm or leg first. (4)
	x	13. Children learn to take food from a spoon and liquids from a cup at approximately the same age. (1)
x		14. It is important that the grasp reflex be integrated for good finger feeling to occur. (1)
x		15. Feeding an infant with a motor impairment on your lap is a good position because it allows you to control her head and trunk. (4)
x		16. Dressing/undressing a child in front of a mirror is a way of drawing the child's attention to what you are doing. (4)
	x	17. If a child is having difficulty pushing her arm through a sleeve, the adult can best provide help by pulling the child's hand and saying "push." (4)

18. Lola is a 3 year old with poor upper extremity motor control who is finger feeding but not spoon feeding. A good place to start would be to: (4)
___ a. teach her to pick up the spoon by reaching across her midline.
___ b. teach her to hold onto a spoon and scoop food onto it.
x c. have her hold your hand while you spoon feed her.
___ d. have her hold the dish while you spoon feed her.

19. Why is a cup with a spouted lid considered an inappropriate adaptive drinking aid for many children with oral-motor problems? (5)

--*it may encourage the continued use of an immature sucking pattern by forcing the lips in an unnatural position for cup drinking. This tends to discourage normal lip sucking and swallowing movements.*

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

SOCIALIZATION

Primary Author

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MODEL INFANT AND TODDLER PROJECT
Department of Psychiatry
Dartmouth Medical School

Instructor's Guide

Overview

This unit presents basic information about social-emotional development and intervention with children having difficulties in this area.

Prerequisites

For the Instructor - The instructor should have a master's degree in Child Development or Early Childhood Education and have experience working with preschool children.

For the Student - The student should have completed the units Overview of Development: Normal and Exceptional, Overview of Program Implementation Skills, Principles of Instruction, Gross Motor Development, Perceptual-Motor Development, Fine Motor Development, Cognitive/Adaptive Development, Communication Development,or their equivalent.

Time Needed

Approximately 18 hours.

Materials Needed

1. To be duplicated for each person:
    - Handouts 1 - 6 (Handout 3 not included in package. It is Papalia & Olds, 1975, pp. 324-325.
    - Worksheets 1 - 7 (3 copies of Worksheet 3 (2 for class use, one for assignments))
    - Assignments
    - Activity Sheet I (3 copies)
    - Activity Sheet II (3 copies)
2. Other materials:
    - Assigned readings
    - Film: Robin, Peter and Darryl: Three to the Hospital. (New York University Film Library, 26 Washington Place, New York, N.Y. 10003)
    - Film projector and screen

Physical Arrangements Needed

A room which can be darkened for the film

Objectives

1. The student will be able to give two features of each of the three clusters of temperamental characteristics identified by Chess & Thomas (1965).

2. The student will demonstrate an awareness that a child's behavior may result from an interaction between the child's temperament, parents' temperament and environmental demands by discussing an illustrative example.

3. The student will be able to describe the three stages of attachment behavior in the first eighteen months as defined by Schaffer & Emerson (1964).

4. The student will be able to identify factors interfering with the formation of attachment.

5. The student will be able to relate four factors influencing the response to separation to a specific situation in her facility.

6. The student will be able to apply guidelines for minimizing difficulties associated with separation experiences.

7. The student will be able to list three characteristics of preschool social competence.

8. The student will be able to identify the four levels of play behavior typically seen in a preschool group setting - solitary, parallel, associative, cooperative.

9. The student will be able to recognize when the guidelines for increasing competence and socialization are appropriately followed in specific situations.

10. The student will be able to apply eight steps presented in understanding a specific problem behavior.

11. The student will be able to apply guidelines for classroom management.

12. Given descriptions of groups of children, the student will be able to plan and implement appropriate group socialization activities.

13. Given socialization objectives for children, the student will be able to plan and implement appropriate activities.

Outline

I. Introduction
    A. Description of area (Handout 1)
    B. Relationship to other developmental areas (Handout II)

II. Sources of variability in behavior
    A. Developmental stage
    B. Temperamental differences
    C. Environmental input as mediated by values and contingencies

III. Attachment
    A. Developmental stages
        1. indicators
        2. Schaffer & Emerson study
    B. Relationship to other developmental areas (Handout II)

- C. Factors influencing strength or quality of attachment
  - 1. child's contribution
  - 2. mother's contribution
  - 3. potential problems in forming a strong bond

References: Bee, H., 1975, pp. 238-249, 268-279.
Connor, F.P., et al., 1978, pp. 247-256.
Schaffer, R., 1977, pp. 240-250.

IV. Separation

- A. Kinds of separations
- B. Variables influencing effects of separation
- C. Phases or response
- D. Intervention considerations for separation problems
- E. Film - Robin, Peter & Darryl: Three to the Hospital

References: Dunn, J., 1977, pp. 73-85.
Macfarlane, A., 1977, pp. 99-114.
Warren, R.M., 1977, pp. 28-36.
Yarrow, 1964, pp. 89-136.

V. Atypical infants - attachment and separation

- A. Developmental considerations
- B. Intervention considerations

References: Connor, F.P., et al., 1978, pp. 256-270.
Fraiberg, S., 1974, pp. 215-232.
Leifer, A., et al., 1972, pp. 1203-1218.
Macfarlane, A., 1977, pp. 99-114.
Safford, P.L., 1978, pp. 85-87.

VI. Individual differences - temperament

- A. Description of temperamental differences
  - 1. measurement techniques
  - 2. clusters identified
  - 3. application - predictability of later behavior
- B. Potential problems
  - 1. environmental factors
  - 2. interaction with parent temperament
  - 3. atypical child and temperament
  - 4. intervention considerations

References: Bee, H., 1975, pp. 83-87.
Chess, S. & Thomas, A., 1973, pp. 83-104.
Connor, F.P., et al., 1978, pp. 252.
Escalona, J., 1973, pp. 145-158.
Korner, A.F., 1973, pp. 64-82.

VII. Normal progression of social emotional development of the child in a preschool group setting

- A. Goal is the development of competence; social skills include (White, B., 1973):
  - 1. to elicit and maintain attention of adults in socially acceptable ways
  - 2. to use adults as resources
  - 3. to express both affection and hostility to adults
  - 4. to lead and follow peers
  - 5. to express both affection and hostility to peers

      6. to compete with peers
      7. to praise oneself and/or show pride in one's accomplishments
      8. to involve oneself in adult role playing behavior or to otherwise express the desire to grow up
   B. Competence is developed in the preschool by programming (Handout 2)
      1. peer relationships (Handout 3)
      2. relationships with caring adults
      3. respect for individual differences
      4. provision of appropriate curriculum materials

References: Fallen, N., 1978, pp. 245-276.
Warren, R., 1977.
White, B., 1973.

VIII. Atypical social-emotional development
   A. Developmental changes and unexpected crises affecting adjustment
   B. Guidelines for recognizing when a problem behavior is a behavior problem (Handout 1)
   C. Problem behaviors
      1. common
      2. uncommon

References: Bee, H., 1975, pp. 382-400.
Braun, S.J., & Lasher, M.G., 1978, pp. 87-100.
Developmental Psychology Today, 1971, pp. 321-342.
Safford, P.L., 1978, pp. 154-165.
Warren, R.M., 1977.

IX. Concerns specific to children with handicaps
   A. Effects of handicaps on child's self-perception
   B. Relationship between social development and cognitive development
   C. Integration of children with handicaps
      1. interpretation of handicapped child's behavior to classmates
      2. training and use of peers as social behavior change agents

References: Braun, S.J. & Lasher, M.G., 1978, pp. 101-121.
Safford, P.L., 1978, pp. 198-206.
Smith, R.M. & Neisworth, J.T., 1975, pp. 168-178.

X. Individual and group management considerations
   A. Participate in the assessment of problem behavior
      1. observation
      2. discussion with others
      3. consideration of other information
      4. consideration of conditions under which problem behavior occurs
         a. environment - physical, social, time of day
         b. child - temperament, current life situation, developmental stage
   B. Help identify options for change (Handout 4)
      1. evaluate settings for learning
         a. physical environment
         b. social environment
         c. schedule
      2. staff rearrangement possibilities
   C. Help decide on and implement plan (Worksheets 1 & 2)
      1. set appropriate and realistic goals
      2. operationalize goals including reinforcement contingencies
      3. implement plan

        4. record data
        5. note changes - both main effects and side effects
    D. Assist in the evaluation of changes
        1. interpret data
        2. discuss with staff team and parents
        3. modify plan
    E. Planning programs (Worksheets 3 & 4)
    F. Individual vs. group session (Handouts 5 & 6; Worksheets 5, 6, & 7)
    G. Role of the consultant

References: Braun, S.J. & Lasher, M.G., 1978, pp. 9-62, 123-140.
Fallen, N., 1978, pp. 277-303.
Safford, P.L., 1978, pp. 165-179.
Warren, R.M., 1977.

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Handout 1

Developmental Notions

1. Development is a process in which emotional, cognitive and social components continuously interact with each other. Even in the first year, the expression of fear, pleasure, and attachment are all dependent on the simultaneous development of early motor skills, memory, intentionality, etc.
2. Infants have basic needs for a close relationship, for stimulation and for continuity and consistency of care. A secure and stable relationship with a caregiver is important for optimal development. This affectional bond is most often created when the caregiver is dependably sensitive to the baby's signals and responsive to its needs.
3. Typical stages of attachment between birth and 18 months (Schaffer & Emerson, 1964) include:
   a. indiscriminate attachment in which the infant may protest being separated but it doesn't matter who is leaving.
   b. specific attachment in which the infant reacts particularly to the mother (with pleasure and distress) and shows fear of strangers; generally occurs by 7 or 8 months.
   c. multiple attachment in which the child begins to show attachments to several select people; usually occurs between 1 year and 18 months.
4. In toddlerhood the child's attachment to its caregiver acts as a secure base from which the child can explore the environment and also presumably sets the stage for the child to continue to develop trusting relationships with other adults.
5. Infants with handicaps have similar needs for a strong bond with an adult but caregivers may have to be unusually sensitive and/or specially trained to understand and respond to their signals.
6. The concept of temperament is a useful one in understanding differences in infant behavior. Temperamental characteristics appear to be constitutional predispositions which can be modified by experience. Three clusters have been identified by Chess, Thomas & Birch (1965):
   a. "easy child" generally shows biological regularity, responds positively to new situations, is adaptable, reacts with moderate intensity.
   b. "difficult child" is likely to be biologically irregular and unpredictable, to respond negatively and intensely to new situations and does not adapt easily.
   c. "slow to warm up child" will generally show an initial mildly negative response to new situations but will usually adapt after repeated contact. Biological functioning is likely to be regular and mood positive when the child is not pressured.

   Many children show combinations of characteristics of each cluster and cannot be clearly as classified one or the other.
7. A child's temperament may interact with his/her environment in many ways. Parents and siblings have temperamental characteristics too, and the way they all fit together will be important. Different temperamental characteristics will evoke different responses from others in the environment as well. The range of experiences that a given child has, his subjective and idiosyncratic response to these experiences, and the coping skills available to him may all be directly affected by temperamental attributes.
8. Brief general guidelines for working with children in each temperamental cluster:
   a. easy child: may be stressed by trying to adapt to too many differing sets of demands, may need help to learn to resist pressure.
   b. difficult child: needs firm, consistent and calm handling; important to provide for the child's activity needs.
   c. slow to warm up child: important to allow time and space for child to adapt to new situations, to give patient encouragement and to provide as much familiarity ahead of time as possible.

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9. All infants experience separation from their caregivers. Response to separation depends upon a number of factors:
    a. age of child
    b. temperament
    c. type of separation - how often, how long, how regularly, what happens during separation
    d. previous experience of separation
    e. arrangements for substitute care
    f. the meaning of the separation for mother and child, including the relationship between them before separation
10. Hospitalization is a relatively common separation experience for children with handicaps. Children need preparation and continued support through and after hospitalization. Parents should be encouraged to remain with them during hospitalization whenever possible. Typical anxieties focus on loss of autonomy and control, threats to body integrity, and most importantly, feelings of abandonment and separation from parents.
11. Premature infants are frequently separated from their mothers immediately after birth for varying lengths of time. This may interefere with the bonding process as well as with the mother's confidence in handling her baby.
12. Typical phases of response to separation as reported in the literature include:
    a. protest - beginning at around 7 months, the infant shows signs of appearing upset at the mother's absence.
    b. despair - this often manifests itself in weeping behavior.
    c. detachment - often appears after a lengthy separation; child shows ambivalent behavior vacillating between clingy attachment and indifference or rejection of mother.
13. Differences between a normal and a problem behavior are seen in:
    a. its persistence - when a behavior lasts beyond the expected age, is frequently displayed, easily aroused and resists ordinary educational efforts to change, it should be investigated.
    b. how much the behavior interferes with the relationship between the child and other people.
    c. the degree to which it might result in a future handicap for the child.
    d. the amount of suffering or loss of self esteem it may be causing the child to feel.

Handout 3

Play development patterns. Papalia, D. & Olds, S.A. Child's world: infancy through adolescence. N.Y.: McGraw Hill, 1975, pp. 324-325.

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Handout 2

Examples of activities that will foster socialization and competence at the preschool level:

1. Help children learn each other's first names and recognize presence or absence of group members.
2. Label and reflect feelings expressed by children.
3. Encourage and foster child-child pairs for activities.
4. Use story telling and role playing to help children recognize and express common concerns.
5. Provide and monitor opportunities for successful sharing of materails and activities.
6. Stimulate and support thematic role play.
7. Provide instruction in social problem-solving skills; e.g. generating alternatives, predicting consequences.
8. Make life size drawings of children.
9. Emphasize child's growth and skill development through use of a unit on differences between babies and preschoolers, through use of examples of a child's work done several months ago, through periodic measurement.
10. Allow and encourage appropriate and real classroom responsibility, e.g. helping with snack, watering plants, etc.
11. Help children begin to tolerate taking turns, waiting, recognizing and considering needs of others.
12. Model appropriate assertive behavior for children.
13. Set appropriate limits for the child in the group.
14. Recognize temperamental characteristics of children and program accordingly.
15. Handle children's separation concerns in a straightforward and supportive manner

As a group, generate further examples:

16.

17.

18.

19.

20.

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Handout 4

Guidelines for Classroom Management

1. It is important to establish and maintain eye contact with children.
2. Teach children to verbalize their feelings as a way of coping with situations rather than always needing to act them out.
3. Attend to, notice, and comment on acceptable behavior shown by any child in the group.
4. Ignore unacceptable behavior only when it is not being reinforced from other sources (e.g. the child achieving his own goal, peer support, etc.)
5. Use the role of instructor to model constructive problem-solving behavior.
6. Communicate expectations to children clearly, describing specific desired behavior.
7. Recognize that consistency and repetition are essential in managing group behavior problems.
8. Assess the learning environment you are providing and alter it to encourage constructive behaviors.
9. Don't threaten children with worrisome fantasies (e.g. the boogey man will get you).
10. Structure, reward and encourage cooperative and sharing behaviors among children.
11. Separate disruptive children.
12. Whenever possible, sit beside children who have difficulty controlling their own behavior.
13. Schedule activities in such a way that interest is maintained and expectations for attention are realistic.
14. Crowding often results in disruptive behavior; allow children to maintain sufficient space for reasonable activity.

As a group, generate further examples:

15.

16.

17.

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Name: ______________________ SOCIALIZATION Date: ______________________

Handout 5

Description of Child: 4 year old Leonard in group of 5 children ranging in age from 3 - 4, all functioning generally on age level. Has very short attention span, rarely completes work, wanders around room. Verbal instructions to return to task ineffective; physical assistance to chair results in outburst.

Instructional Objective: Leonard will complete a familiar task without leaving the table until it is finished.

Activity	Materials	Method	Position of Child and Adult	Evaluation
Placing all pieces of a non-interlocking 5 piece puzzle.	Non-interlocking 5 piece puzzle.	Interest child in puzzle by talking about pieces. Encourage child to place pieces in puzzle. Give verbal praise for each piece placed. Tell other children to notice how hard child is working. Praise other children who are working. When child has completed task, give lavish praise, stressing that the child finished activity. Show completed puzzle to other children. Praise all children who finish activity.	Child seated at table. Adult sits next to child.	

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SOCIALIZATION

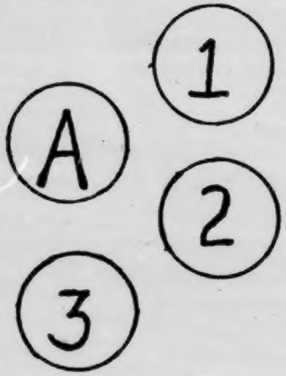
Name:______________________________ Handout 6 Date:______________________

Description of Children: 1) A 4 year old with a very high activity level.

2) A 3½ year old with a severe motor impairment.

3) A 3½ year old who is moderately visually impaired and very shy.

Instructional Activity: Group time "hello" song.
Instructional Method: Group sings to each child individually, child is expected to stand up when name is said.

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: The child will be able to wait his turn and then stand up appropriately.	None	Adult may need to use physical contact with child before her turn; will simultaneously reinforce child's waiting verbally and/or socially.		
Child 2: The child will be able to stand for his turn given some physical assistance.		Adult anticipates child's turn and assists child to stand up and sit down using appropriate technique.		
Child 3: The child will be able to acknowledge his turn by raising his hand appropriately.		Adult may need to lead child physically through the motions of the song so that he anticipates his turn.		

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Worksheet 1

As a group, discuss ways the assistant could handle the following situations relating to separation.

Situation	Assistant's Behavior
1. Mother & Johnny arrive at the day care center. Mother says, "Johnny, you're not going to cry now are you?	Greet Johnny. Attempt to interest him in activity. Include mother if necessary and she can stay. Determine with mother when she has to leave and tell child. Reassure that mother will return at time she states. Stay with Johnny for the first few minutes after mother leaves.
2. Mother brings Susie to nursery school. To avoid an unpleasant scene, she drops her off at the door and leaves quickly. The teacher finds Susie sobbing and clinging to the door.	
3. After a month at day care Jason is comfortable separating from his mother. Recently she has begun to be very unreliable about the time she picks him up; Jason mopes in the afternoon and often becomes difficult to manage.	
4. Maria clings desperately to her mother during the meeting between them and the teacher before Maria is enrolled in day care. When you discuss how to handle Maria's first day at staff meeting, what do you suggest as your role?	

SOCIALIZATION

Worksheet 2

As a group, discuss ways the assistant could handle the following situations relating to classroom management.

Situation	Assistant's Behavior
1. During story, Kevin makes loud noises, distracting the other children.	Ignore Kevin. Praise children behaving appropriately. Tell group to ignore Kevin.
2. Billy is an active and very physical 5 year old who persists in being very rough with 3 year olds on the playground.	
3. Molly moves from one activity to another very quickly. Often her behavior is contagious and she will have 2 other girls wandering with her. This pattern has become disruptive for the group as a whole.	
4. Danny is a 4 year old with cerebral palsy. Other children have noted his precarious balance and have begun to push him and knock him over "inadvertently."	

Worksheet 3

Aspects to consider in understanding a problem behavior

1. Describe the problem in terms of behavior - how does the child act; what does s/he do?

2. Is this a sudden change in the child's behavior? Have there been changes in the child's life and/or environment at home or at school that might be related?

3. Under what conditions does the problem behavior occur?
    a. At home, school, both?

    b. What triggers it?

    c. What happens when it occurs?

    d. What stops it?

4. What purpose is this behavior serving for the child? What is the reinforcer for this behavior?

5. How does this behavior or response fit in with the child's usual temperamental style?

6. What is the desired behavior of the child in the situation - what is the objective for the child?

7. What purpose will the desired behavior serve for the child - what will be the reinforcer for the desired behavior?

8. What has been tried before to change the child's behavior and what were the results?

Worksheet 4

Specific Problem Behaviors

1. The group has 5 children ranging in age from 3-4 and functioning generally at age level. Onc child in the group, Leonard, has a very short attention span and rarely completes his work. He usually begins a task appropriately but quickly loses interest, gets up from his seat, and wanders around the room. Verbal instructions to return to the task are generally ineffective. If the teacher physically guides him back to his chair, he will cry, push the material away, and yell that he won't do it. This pattern is typical during table activities.
   a. Answer the questions on Worksheet 3 to gain further understanding of the problem behavior.
   b. Using Handout 5, discuss how the objective and activity presented would help meet Leonard's needs.

2. Audrey is a 4 year old who does not feed herself independently with a spoon. She is able to finger feed and if left unassisted will resort to this method during meals. She's one of 5 children, two of which are younger. It's difficult for her mother to encourage independent feeding when she also has to deal with an infant and a toddler. The mother feels it is important for the family to eat together. Audrey is at the program for 2 eating times. An important goal of your program is for Audrey to develop as much independence as possible. Independent spoon feeding is realistic for her as she was managing successfully prior to the birth of the most recent baby 6 months ago.

   Audrey's mother is getting anxious about this regression and has mentioned it to you as a problem. She's not sure what to do given the demands of her other children.
   a. Answer the questions on Worksheet 3 to gain further understanding of the problem behavior.
   b. Use Worksheet 5 to plan an activity which would meet Audrey's needs.

Name: ______________________ SOCIALIZATION Date: ______________________

Worksheet 5

Description of Child: 4 year old Audrey is delayed. Has one older and two younger siblings. Is able to finger feed and until 6 months ago was spoon feeding herself independently. Seems to want a great deal of attention from her mother.

Instructional Objective: Audrey will use a spoon to feed herself during eating time in her school program.

Activity	Materials	Method	Position of Child and Adult	Evaluation

MITP/Dartmouth Medical School/1978

SOCIALIZATION

Name: ______________________ Worksheet 6 Date: ______________________

Description of Children: 1) A 4 year old adaptable, temperamentally "easy" child who is often taken advantage of by other children.

2) A 4 year old who is assertive and verbal.

3) A 3½ year old who is impulsive, active, and often intimidates other children.

Social Situation: #1 child is on tricycle, #2 child approaches her, grabs handle bars, shakes trike and says "I want to ride now. Come and help me get her off." #3 child runs over and shoves rider.

Instructional Objective	Method	Position of Group	Evaluation
Child 1: The child will learn to defend her own interest, i.e. she will be able to state that it is her turn to ride the trike now.			
Child 2: The child will learn to respect another child's rights; will learn to wait his turn.			
Child 3: The child will learn an alternative to shoving for solving a social problem, i.e., he will stop shoving and make a verbal suggestion.			

MITP/Dartmouth Medical School/1978

SOCIALIZATION

Name:______________________________

Worksheet 7

Date:______________________________

Description of Children: 1) A 5 year old who is socially mature and enthusiastic.

2) A developmentally delayed 5 year old who has a short attention span and coordination difficulties.

3) A 4 year old who is fearful and temperamentally "slow to warm up."

Instructional Activity: Life size drawings of children.

Instructional Method:

Instructional Obj.	Materials	Method	Position of Group	Evaluation
Child 1: The child will express self concept through drawing; recognize needs of other children and respond with appropriate help.				
Child 2: The child will be able to complete his drawing with assistance.				
Child 3: The child will show sustained interest in the activity, work with adult to fill in features on pre-drawn figure.				

MITP/Dartmouth Medical School/1978

Suggested Assignments

Readings:
Chess, S., Thomas, A., Birch, H., 1965.
Connor, F.P., et al., 1978, pp. 247-270.
Warren, R., 1977.

Activities:

1. List at least two characteristics typical of each of the three temperamental clusters identified by Chess & Thomas (1965). (1)

2. Pick a child in your facility and describe him/her including the child's temperament. Give an example illustrating how this child's behavior results from an interaction of his/her temperament and environmental demands. (2)

3. Using your knowledge of the three stages of attachment behavior as defined by Schaffer & Emerson (1964), predict how an infant, in full day care during his/her first year, might progress through these stages. (3)

4. List the two major areas of social-emotional development discussed by Connor (1978) in which the atypical child may have difficulty. (4)

5. List two factors which interfere with the formation of attachment between a parent and an atypical child as discussed by Connor (1978). (4)

6. Pick a parent-child pair in your facility which has had problems with separation. Discuss this situation in terms of 4 factors to be considered in understanding the effects of separation. (5)

7. Using the Warren (1977) reading, explain the use of "transitional objects" as a way to help children cope with separation. (6)

8. List three characteristics of preschool social competence. (7)

9. Observe during a free play time in your group. Describe an example you observe of one of the four play behaviors presented: solitary, parallel, associative, or cooperative. (8)
   a. describe the child/children - age and developmental level.
   b. describe the play situation.
   c. describe the children's behaviors and responses.

10. Joshua is an enthusiastic 4 year old whose approach to other children is most often a physical one. He elbows, pushes, and grabs hats frequently. He is not always angry when he does this but often his behavior starts a fight because of protests from the other children. In following the approach suggested in the lecture, the instructor should: (9)
    ___a. remove Joshua to a chair in the hall as soon as he touches another child.
    ___b. model verbal ways that Joshua can use to make contact with other children as well as discouraging the behavior.
    ___c. deal firmly with his disruptive behavior by telling him repeatedly that he is to keep his hands to himself.

11a. Answer the questions on Worksheet 3 to gain further understanding of the following problem behavior. (10)

Trevor is a 4 year old with low vision. Part of your daily program for this month is working on body concept. Activities include imitation games such as Simon Says, Follow the Leader, and other gross motor tasks requiring adequate coordination. Because Trevor has difficulty seeing the actions, he loses interest in participating and disrupts the whole group by making inappropriate movements.

b. Using the activity sheet provided, plan one activity to reach the instructional objective for Trevor. (13)

Description of Child: 4 year old partially sighted Trevor in a nursery school group of 8 children. Child has difficulty in group gross motor activities and often responds to his difficulty by making inappropriate movements which disrupts the group.

Instructional Objective: Trevor will appropriately play Follow the Leader for three minutes with physical assistance.

12. Plan a meeting with your supervisor to identify a specific problem behavior of a child with whom you work.
    a. Answer the questions on Worksheet 3 to gain further understanding of the problem behavior. (10)
    b. Determine with your supervisor an appropriate socialization objective for the child. Using the activity sheet provided, plan an activity with your supervisor's approval. After completion of the activity, write two evaluation comments describing how the child performed the activity. (13)

13. Using the activity sheets provided, plan how to implement the activities for the children described below. (12)

a. Description of children:
   1) A 5 year old who is socially mature and enthusiastic.
   2) A 5 year old who is developmentally delayed, has a short attention span, and coordination difficulties.
   3) A 4 year old who is fearful and temperamentally "slow to warm up."

Instructional Activity: Sand table play, materials available for building cities.

Instructional Objective for each child:
   1) Child 1: The child will be able to plan and carry out thematic play using cars, trucks, roads with at least one other child for at least 10 minutes.
   2) Child 2: The child will be able to maintain interest in the activity for at least 5 minutes and will be able, briefly at least, to respond to child #1's directions.
   3) Child 3: The child will be able to stand next to child #1 or #2 and use the materials in a parallel way.

b. Description of children:
   1) A 4 year old adaptable, temperamentally easy child who is often taken advantage of by other children.
   2) A 4 year old who is assertive and verbal.
   3) A 3½ year old who is impulsive, active and often intimidates other children.

Social Situation: Transition time; children are to line up in preparation for leaving on a field trip.

Instructional Objective for each child:
1) Child 1: The child will be able to take his/her turn as the line leader and resist attempts by child #2 to trade places.
2) Child 2: The child will be able to tolerate being second.
3) Child 3: The child will be able to keep his/her hands in his/her pockets and be in his/her place in line within 3 minutes of the signal.

14. Plan a meeting with your supervisor to determine an appropriate socialization activity which could be implemented with a group of three children in your facility. Using the activity sheet provided, plan the activity with your supervisor's approval. After completion of the activity, write an evaluation comment describing how each child performed. (12)

Suggested Test Questions

Indicate which of the following statements are true or false by checking the appropriate line.

T F

___ ___ 1. Behavior problems around a child's hospitalization experience can be minimized by letting the nurses primarily handle the child because they know how to deal with these issues. (6)

___ ___ 2. Mothers should be encouraged to leave their children unobtrusively as soon as the child appears engrossed in an activity in order to minimize separation problems. (6)

___ ___ 3. Because the attachment between a mother and an infant does not usually form until the infant is several months old, premature infants who remain in the hospital after birth are not likely to be at risk. (4)

___ ___ 4. John is a "slow to warm up child." It is reasonable to expect that after he has been in group care for 6 months he will in many ways be indistinguishable from an "easy child." (1)

___ ___ 5. It is not necessary to teach appropriate social problem-solving skills since children generally learn these through free play. (9)

___ ___ 6. The parent's attitude towards separation has little influence on the child's response when separating. (6)

___ ___ 7. Learning to show pride in one's accomplishments is an important social skill which is better emphasized in primary grades rather than preschool years. (7)

___ ___ 8. If a behavior is causing a child to lose self esteem, it may be a problem behavior. (10)

Match the following play descriptions with their appropriate labels. (8)

a. solitary
b. parallel
c. associative
d. cooperative

___ 9. John is sitting next to Susy at the play dough table. John is making snakes, Susy is cutting out cookies.

___ 10. Billy and Joe are in the block corner building houses and roads. When Arnold asks to join them, they say "not now" and continue imitating each other with their cars.

___ 11. Jason is listening to a record next to Mika who is occupied with a book. Sara sits down to feed her baby doll.

___ 12. Karen and Tom are firepersons. Karen turns on the water while Tom carries the hose. Erik asks if he can drive the fire engine. Karen agrees.

13. John was born with cataracts on both eyes and has very limited vision. Describe one way this disability might hinder the development of attachment between John and his mother. (4)

14. Sara is a 3 year old new to the group care situation. She spends most of her time watching other children's activities. She often withdraws from the group and sometimes sobs. She seems most comfortable sitting next to the instructor in a small group of children or working at a table top activity. The instructor would like to help Sara interact with other children during free play. In following the approach suggested in the lecture, she should: (9)

___ a. leave her alone assuming that when she's ready she will interact.
___ b. arrange to be with Sara and another child for a time in the doll corner.
___ c. explain to Sara that she doesn't need to be afraid of the other kids, that she will like playing with them and that she should stop crying.

Suggested Test Questions

Indicate which of the following statements are true or false by checking the appropriate line.

T F

___ _x_ 1. Behavior problems around a child's hospitalization experience can be minimized by letting the nurses primarily handle the child because they know how to deal with these issues. (6)

___ _x_ 2. Mothers should be encouraged to leave their children unobtrusively as soon as the child appears engrossed in an activity in order to minimize separation problems. (6)

___ _x_ 3. Because the attachment between a mother and an infant does not usually form until the infant is several months old, premature infants who remain in the hospital after birth are not likely to be at risk. (4)

_x_ ___ 4. John is a "slow to warm up child." It is reasonable to expect that after he has been in group care for 6 months he will in many ways be indistinguishable from an "easy child." (1)

___ _x_ 5. It is not necessary to teach appropriate social problem-solving skills since children generally learn these through free play. (9)

___ _x_ 6. The parent's attitude towards separation has little influence on the child's response when separating. (6)

___ _x_ 7. Learning to show pride in one's accomplishments is an important social skill which is better emphasized in primary grades rather than preschool years. (7)

_x_ ___ 8. If a behavior is causing a child to lose self esteem, it may be a problem behavior. (10)

Match the following play descriptions with their appropriate labels. (8)

a. solitary
b. parallel
c. associative
d. cooperative

_b_ 9. John is sitting next to Susy at the play dough table. John is making snakes, Susy is cutting out cookies.

_c_ 10. Billy and Joe are in the block corner building houses and roads. When Arnold asks to join them, they say "not now" and continue imitating each other with their cars.

_a_ 11. Jason is listening to a record next to Mika who is occupied with a book. Sara sits down to feed her baby doll.

_d_ 12. Karen and Tom are firepersons. Karen turns on the water while Tom carries the hose. Erik asks if he can drive the fire engine. Karen agrees.

13. John was born with cataracts on both eyes and has very limited vision. Describe one way this disability might hinder the development of attachment between John and his mother. (4) *Eye contact, particularly the "eye grip" relationship would be attenuated & mother would need to learn to be sensitive to other specific signals from John.*

14. Sara is a 3 year old new to the group care situation. She spends most of her time watching other children's activities. She often withdraws from the group and sometimes sobs. She seems most comfortable sitting next to the instructor in a small group of children or working at a table top activity. The instructor would like to help Sara interact with other children during free play. In following the approach suggested in the lecture, she should: (9)

___ a. leave her alone assuming that when she's ready she will interact.
_x_ b. arrange to be with Sara and another child for a time in the doll corner.
___ c. explain to Sara that she doesn't need to be afraid of the other kids, that she will like playing with them and that she should stop crying.

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

THE CHILD WITH A HANDICAP AND THE FAMILY

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MODEL INFANT AND TODDLER PROJECT

Department of Psychiatry

Dartmouth Medical School

Instructor's Guide

Overview

In this unit the student is exposed to important dimensions of a family's involvement with a child having a handicap.

Prerequisites

For the Instructor - This unit may be best taught with two instructors. One should be trained and experienced in family dynamics, such as a social worker or psychologist. The other should be a special educator with experience in teaching parents.

For the Student - The students should have completed the units Overview of Development: Normal and Exceptional, Overview of Program Implementation Skills, Principles of Instruction, Gross Motor Development, Perceptual-Motor Development, Fine Motor Development, Cognitive/Adaptive Development, Communication Development, Socialization, Self-Help Skills, or their equivalent.

Time Needed

Approximately 18-21 hours.

Materials Needed

1. To be duplicated for each person:
   - Handout 1 & 2
   - Worksheets 1 - 6
   - Assignments

2. Other materials:
   - Assigned readings
   - Film: Stress: Parents with a Handicapped Child. (New York University Film Library, 26 Washington Place, New York, N.Y. 10003)
   - Film: Jeffrey at Home. (Education Development Center, Distribution Center, 39 Chapel Street, Newton, Ma. 02160)
   - Film projector and screen
   - Audio tapes developed at a local facility of parents discussing the advantages and disadvantages for them of the type of program available to them and their child
   - Audio tape recorder
   - Large cloth doll for role play

Physical Arrangements Needed

A room which can be darkened for the films
A room quiet enough so that audio tapes can be heard

Objectives

1. For each of four given stages of parenthood, the student will be able to list two problems caused by a child's handicap.
2. The student will be able to identify five feeling states often experienced by parents towards their child with a handicap.
3. The student will be able to identify behaviors indicative of the recurring sadness often experienced by the parents of a child with a handicap.
4. The student will be able to list four different stresses encountered when living with a child with a handicap.
5. When discussing families, the student will be able to recognize how environmental factors influence a family's ability to participate in a program.
6. Given situations in which environmental factors interfere with family participation in a program, the student will be able to suggest possible solutions and/or compromises.
7. The student will be able to identify when the guidelines for involving family members in children's programs are appropriately followed.
8. The student will demonstrate the appropriate use of guidelines during a role play of involving a family member in an instructional session.

Outline

I. General considerations related to parenting, with particular attention to the parenting of a child with a handicap.
  A. Four stages of parenthood (Worksheet 1)
    1. anticipatory
    2. infancy
    3. childhood
    4. adolescence
  B. Factors influencing a parent's child-rearing behaviors
    1. parent's expectations
    2. parent's personality
    3. parent's culture
    4. child's personality

References: Barsch, R.H., 1968, pp. 341-356.
Chess, S., et al., 1965, pp. 196-203.
Group for the Advancement of Psychiatry, 1973, pp. 212-241.
Hewitt, S., Newson, J., & Newson, E., 1970, pp. 76-113.

II. Feelings experienced by parents
  A. Normal feeling states of parents towards their children
  B. Feeling states intensified by having a child with a handicap (Worksheet 2)
    1. denial
    2. self-pity
    3. depression
    4. guilt
    5. rejection
    6. over-protection

C. Other reactions
    1. projection
    2. sublimation - e.g. extensive involvement in community service
D. Appropriateness of these feelings/reactions and their possible negative consequences
E. Concept of recurring sadness related to the child's handicap (Worksheet 3)

References: Bentovim, A., 1972, pp. 579-581.
Buscaglio, L., 1975, pp. 83-104.
Fallen, N.H. & McGovern, J.E., 1970, pp. 305-311.
Koch, R. & Dobson, J.C. (Eds.), 1976, pp. 456-459.
Olshansky, S., 1962, pp. 190-193.
Smith, R. & Neisworth, J., 1975, pp. 179-197.
Solnit, A.J. & Stark, M.H., 1964, pp. 523-537.

III. Aspects of living with a child having a disability (Handout 1)
A. Principle that anything affecting one member of a family influences all members of the family and relationships between them
B. Aspects concerning the child with the handicap
C. Aspects concerning the siblings
D. Aspects concerning the parents
E. Movie - Stress: Parents with a Handicapped Child

References: Bentovim, A., 1972, pp. 634-637.
Buscaglio, L., 1975, pp. 75-80.
Grossman, F.K., 1972, pp. 175-191.
Koch, R. & Dobson, J.C. (Eds.), 1976, pp. 454-465.

IV. Rationale for involving family members in programs
A. Factors related to child's developmental progress and changes in behavior
B. Factors related to family's feelings and attitudes
C. Factors related to heightening family's awareness of and support for programs

References: Giesy, R. (Ed.), 1970, pp. 1-11.
Honig, A.S., 1975, pp. 7-16.
Lillie, D.L. & Trohanis, P.L. (Eds.), 1976, pp. 4-5
Weber, S.J., et al., 1975, pp. 1-4.

V. Relationship between family and agency
A. Types of service delivery systems and potential family involvement in each
    1. residential program
    2. center-based day program
    3. home-center based
    4. home-based
    5. parent implemented
B. Agency factors which influence family involvement
    1. priorities
    2. resources
    3. geography
    4. programs for parents
C. Family factors which influence decisions about placement and/or program (Handout 1)
    1. factors
        a. interpersonal
        b. physical
        c. psychosocial
        d. values

2. class discussion of factors (Worksheet 4)
    a. case illustrations
    b. movie - *Jeffrey at Home*
    c. audiotapes of parents discussing the advantages and disadvantages *for them* of the type of program available to them and their child

References: Giesy, R., 1970, pp. 12-29.
Lillie, D.C. & Trohanis, P.L. (Eds.), 1976, pp. 87-162.
McDonald, E.T., 1962, pp. 98-112.

VI. Organizing a family program
- A. Planning an appropriate program
    1. objectives for family
        a. improving ability to interact with child in a more meaningful way
        b. improving ability to organize and modify environmental factors to facilitate learning
        c. improving teaching skills
    2. objectives for child
    3. context in which program will be implemented
    4. agency/parent contract
- B. Implementing an appropriate program
    1. concepts on which program is based
        a. parent instructor has something to offer
        b. parent instructor and parent have an interest in and involvement with the child
    2. establishing a parent/parent instructor partnership
        a. important qualities of a parent instructor
        b. parent instructor's role
            1) supporter of family
            2) sharer of relevant information
            3) teacher of parent and child
        c. parent's role
            1) individual with need and interests
            2) sharer of relevant information
            3) learner of new skills and ideas
            4) teacher of child and other family members
    3. guidelines when teaching family members (Handout 2)
    4. discuss Worksheet 5 and videotapes of agency personnel teaching family members (Videotapes)
    5. role play students teaching family members (Worksheet 6)
- C. Evaluating the family program
    1. on-going discussion with supervisor
    2. periodic discussion with family members
    3. difficulties encountered which require evaluation
        a. those related to family involvement
        b. those related to home visiting

References: Barnard, K.E., et al., 1974, pp. 1-64.
Brammer, L., 1973, pp. 29-31.
Braun, S.J. & Lasher, M.G., 1978, pp. 63-86.
Buscaglio, L., 1975, pp. 105-117, 133-143.
Forrester, B.J., et al., 1971, pp. 2-59.
Giesy, R. (Ed.), 1970, pp. 1-11, 29-76.
Gotts, E.E. (Ed.), 1977, pp. 17-91.
Lillie, D.C. & Trohanis, P.L. (Eds.), 1976, pp. 17-86.
Weber, S.J., et al., 1975, pp. 26-121.

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Koch, R. & Dobson, J.C. (Eds.) *The mentally retarded child and his family*(Rev. ed.), New York: Brunner/Mazel, 1976.

Lillie, D.L. & Trohanis, P.L. (Eds.) *Teaching parents to teach*. New York: Walker & Co., 1976.

McDonald, E.T. *Understand those feelings*. Pittsburgh: Stanwise House Inc., 1962.

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Smith, R. & Neisworth, J. *The exceptional child: a functional approach*. New York: McGraw Hill, 1975.

Solnit, A.J. & Stark, M.H. Mourning and the birth of a defective child. *Psychoanalytic Study of the Child*, 1964, *16*, 523-537.

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Handout 1

1. Some aspects of living with a child having a handicap (add additional aspects as they are raised in discussion).
   - A. Concerning the child with the disability
     1. dependence on others
     2. loss of schooling because of hospitalization, sickness, etc.
     3.
     4.

   - B. Concerning the siblings
     1. taking responsibility for care of sibling with handicap
     2. wider tolerance of differences in people
     3. fear of hereditary nature of disability
     4.
     5.

   - C. Concerning the parents
     1. financial demands
     2. comments by strangers, sales clerks, etc.
     3. neglect of marital relationship
     4. frequent appointments with physicians, therapists, etc.
     5. mutual support strengthens the marital relationship
     6.
     7.

2. Factors within family setting which influence program selection and/or planning
   - A. Interpersonal factors
     1. parent's behavior towards and interaction with child
     2. parent's effectiveness as teacher
     3. child's behavior
     4. relationships within the family

   - B. Physical factors
     1. time
     2. space
     3. money
     4. physical health

   - C. Psycho-social factors
     1. emotional energy
     2. educational know-how
     3. support from relatives/friends/agencies
     4. hope for child's improvement
     5. family's reinforcement system (e.g. physical appearance, money, etc.)

   - D. Values
     1. motivation
     2. relevance to life-style

Handout 2

Guidelines when teaching family members ways to work with the child

1. Prior to any involvement with the family, determine with your supervisor what your role and the supervisor's role will be. These roles should be clarified with the family during a planning conference. Family members should also be clear on their roles so that the program begins with a mutual understanding. It is usually helpful to set up a "contract" about the nature of the program and each person's role.
2. If your role is to provide a program for the child, then you should follow the guidelines presented in "Principles of Instruction" and not consider the parents' involvement in your instructional session.
3. If your role is to show the parent how to teach or manage the child, then you must focus your involvement on both the parent and the child.
4. Based on the family's openness to outsiders, plan with your supervisor how you will be involved with them. Every family is different; be flexible in your approach and teaching style.
5. Set a regular time to work with the parent and child. Make sure it is convenient for the parent to spend this time with you so that you can keep to your schedule as closely as possible. Your contract should include some mention of how you will deal with anticipated factors which might interfere with the program. Be careful not to judge the parent too quickly if all does not go smoothly; allow some time for the parent to accept you.
6. Encourage the parent to feed and change the child prior to your session so that such important details do not interfere with your session. If these skills are concerns, they can then become part of the instructional time.
7. If you are working in the home, factors to consider when planning a program with a parent include:
    a. discouraging any environmental distractions (radio, T.V., etc.)
    b. discouraging friends and relatives from visiting
    c. discouraging lengthy telephone calls
    d. encouraging notification of illness or schedule changes
8. Prior to teaching the parent ways to work with the child, you must first establish a good working relationship. The parent should see you as someone who likes his/her child, and as a helpful, nonthreatening, supportive person. Being low-key and taking time to build this relationship are crucial to effective parent teaching.
9. You and your supervisor must have a systematic plan of how you are going to instruct the parent about working with the child.
10. The first step in parent teaching is to develop appropriate attitudes towards instructing the child. It is important to encourage the parent to carefully observe the child's behavior. You must structure this initially by pointing out the details in which you are interested. It is better to focus the parents' attention on the positive or successful aspects of the child's behavior, since the parent is generally more aware of the negative aspects.
11. Remember that you cannot change the parent's personality or comfortable child-rearing practices. By demonstrating appropriate interaction with and management of the child during the session, the parent can observe the child in a new way. This may alter the parent's perception of and way of responding to the child, thus making parent teaching a more positive experience for both parent and child.
12. You should share all your information with the parent so s/he does not perceive you as the "expert" in both parenting and developmental issues. Remember that the parent knows the child best, and your role is to show ways to make their time together more meaningful.
13. The parent is always teaching the child whether s/he recognizes it as such or not. You must point out to parents that talking to the child, playing games,

or doing daily household activities are all ways in which the child learns. You can show the parent ways to make the most of these, and you need her assistance in planning how to do this.

14. It is important to provide the parent easy-to-understand verbal input about the child's behavior. Avoid the use of jargon, and explain the meaning of unfamiliar terms. The parent might hesitate to ask questions so make sure your comments are understandable.
15. Once the parent seems to be comfortable discussing the child with you, s/he may raise other questions regarding the child's problem. Given the number of specialists involved with the child, the parent has probably received much information. Try to help the parent better understand this material if you feel comfortable doing that. Talk to your supervisor about how to convey it in a non-threatening, meaningful way.
16. Always keep your role with the family in mind. If you focus your conversation and attention on the child, you reduce the possibility of the parent raising other personal or family issues for discussion. Talk to your supervisor about how to deal with these problems.
17. You should know what specific skills you want the parent to develop in order to teach the child. This will help define your role in the instructional session so that you balance your time between the parent and child.

Instructional Objective for Child	Instructional Objective for Parent	Method
The child will be able to independently sort objects into their appropriate categories.	The parent will provide daily experiences for the child to sort household materials (e.g. clothing, silverware, etc.)	The parent teacher will demonstrate how to teach the child a specific problem solving strategy to follow when sorting household objects.

18. When organizing activities, plan to use common, household materials whenever possible. This supports the concept that learning is always occurring in the home environment, and does not isolate instructional situations from everyday activities.
19. Gradually involve the parent in each instructional session. If the parent feels too much pressure, s/he will develop negative feelings about the program.
20. Begin instructing the parent using activities which are most interesting and familiar. If these experiences are successful, then s/he is more likely to buy into the rest of the program.
21. Use an appropriate teaching style considering the following:
    a. sharing your attention between parent and child
    b. using demonstration and verbal direction as teaching techniques
    c. permitting both instructor-directed and parent-directed teaching

    You should determine a balance among these three factors which allows a comfortable level of interaction. This balance will constantly vary depending on the type of task, and the parent's comfort level initiating instruction.
22. Pace the flow of the session on the parent's understanding of the material. Be careful not to move too quickly. Review concepts often. Ask the parent questions to make sure s/he feels involved in the session. This will also give the parent opportunities to ask questions as well.
23. When teaching the parent how to implement an activity consider the following steps:
    a. Position yourself so as not to appear too child oriented or too parent oriented. Maintain a comfortable balance.
    b. Explain the activity in a clear concise way. Identify the parent's role and your role during the session. Don't tell the parent what to do. Make sure you provide a rationale for the selection of the activity and identify the expected child response.

   c. Demonstrate to the parent how to complete the activity with the child. Use an appropriate amount of verbal input to explain the steps involved and the observed child's reponses.
   d. Provide opportunities for the parent to practice the activity with the child. Give the parent immediate feedback about his/her performance to recognize good teaching and to improve instructional techniques.
   e. As a way to further illustrate your points, ask the parent to pretend s/he is the child. "Teach" the parent the activity so that s/he better understands the role of the instructor and the desired child behavior.
   f. Throughout the instruction, encourage parent/child interaction. Intervene when you feel it is appropriate so that your goals are met during the session.
   g. Be sensitive to the parent's reaction to the session. S/he may be unclear or uncomfortable with the activity. Modify in whatever way you feel will relieve this tension (e.g. explain activity again, use a different position, etc.).
   h. Provide a sheet which explains how to do the activity so the parent can practice it when you are not available. Use detailed, but simple directions and pictures to explain the instructional sequence. Make sure the parent keeps some record about how the child responded to the activity.
   i. Allow time for questions and discussion after teaching the activity to the parent. When planning, build this time into the session.
   j. Throughout this instruction do not forget to focus some time and attention to the child. Remember that s/he is the reason for your interaction with the parent.

24. Work toward a comfortable balance of teaching done by both the parent and the instructor. In this way, you can be modeling new activities and techniques to the parent while s/he practices well-developed skills. Allow some time for the parent to show you how s/he has been working on activities at home. Incorporate record-keeping into the instructional sequence.
25. Provide a manageable home program for the parent to follow. Be realistic in what will be accomplished and how the parent feels about doing it.
26. When teaching parents in the home setting, certain environmental factors affect the program. These include:
   a. physical factors (space, health, time)
   b. psychological factors (emotional energy, hope)
   c. values (personal priorities, lifestyle, child-rearing practices)
   d. family concerns (siblings, extended family members, parents' relationship, family dynamics)
27. These issues must be addressed and an acceptable arrangement about how to deal with each relevant factor must be decided upon by parent and instructor prior to implementing a home program. It is best to anticipate these when setting up the initial program.
28. As the program progresses, unanticipated issues may become problems. You need to have a systematic method of solving these problems under the guidance of your supervisor.
   a. Consider what ideas or messages you have been conveying to the parent. You might be the problem and you must change your style or expectations for the parent and child.
   b. Consider what modifications you can make in the instructional session which might reduce the problem. Creative environmental strategies can often lead to a workable solution without confronting the parent.
   c. Discuss with your supervisor how to deal with the problem on a verbal level.
29. It is important to realize that some parents do not want to be involved in the child's program. Be persistent in your attempts to develop a workable program as it may take a long time to observe changes in a family's attitude or skills. You and your supervisor must decide how much time and energy you can invest in

a parent teaching program. Some parents may contribute in other ways to your facility (e.g. organizing a library, etc.) as a means of expressing their involvement with their child. These efforts should always be supported.

Worksheet 1

For parents in general, and parents of children with handicaps in particular, there is often a discrepancy between their expectations of their child, and the reality of the child. For each of the stages of parenthood, list some possible expectations commonly held by parents, and the way this is altered by the reality of a child with a handicap.

A. Anticipatory
B. Infancy
C. Childhood
D. Adolescence

Worksheet 2

Feeling states/reactions

1. Denial	5. Overprotective
2. Self-pity	6. Rejection
3. Depression	7. Projection
4. Guilt	

Study the following statements and match each to the feeling state most clearly indicated by the statement.

___a. (Grandparent speaking) "You shouldn't be so firm with him, poor thing. He needs extra love."
___b. (Friend speaking) "I'm sure it's not as bad as that doctor says. Why don't you get a second opinion."
___c. "If only I'd given her more attention when she was a baby."
___d. "If only they would correct his eyes, everything would be O.K."
___e. "It's not fair, I took good care of myself when I was pregnant and we both wanted this baby."
___f. (Husband speaking about wife). "She doesn't seem to find pleasure in anything these days."
___g. (Relative to parents). "How can you bear to eat with someone who makes so much mess?"

Give one other example of a statement which illustrates feeling states 1-5.

Worksheet 3

Jason is almost 4 years old and has no siblings. He is mildly delayed in his development and is overly active and aggressive. Mrs. T. is aware of his problems but wants to think of him as a "normally active boy." She dislikes staying at home all day and would like to have a part-time job, but has not been able to find a baby-sitter to take Jason on a regular basis. She is hoping that he would fit into the local day care center. When she and Jason visit the center, Mrs. T. feels sad as she watches other 3 year olds listening to a story and concentrating with interest on art activities. Some of the children react to Jason's excitable and aggressive behavior with puzzlement and some fear.

Give two reasons for Mrs. T.'s feelings of sadness.

THE CHILD WITH A HANDICAP AND THE FAMILY

Worksheet 4

Case Illustrations

1. Billy is a 3 year old boy who is moderately mentally retarded. His parents are in their late 40's and have 5 other children, twins of 7, a son of 9, and daughters of 16 and 17. Mrs. K.'s parents who are senile but mobile, also live in the home. Mrs. K. is separated from her husband; she is obese, tires easily and complains that she has little patience with the children. Billy is an active little boy, has a generally happy personality, but has a very short attention span and rarely plays with anything except the record player. The specialist would like him to have a short, structured activity period twice daily to increase his play behaviors and his attention span.
   a) Give three factors which influence Mrs. K.'s ability to participate in the home program suggested by the specialist.
   b) Given this family situation, suggest two compromises and/or alternatives to a home program.

2. Susan is a 4 year old girl who has mild cerebral palsy; she has an awkward gait but is able to run and climb. She has some difficulties in the area of cognition, and is delayed in self-help skills. Susan's parents both work full-time. Susan is at a baby-sitter's home from 7:00 a.m. to 6:00 p.m.; for much of the day, she is the only child there as her brother attends first grade. The specialist recommends that Susan should have a daily home program.
   a) Give two factors which would influence Susan's parents' ability to carry out a program.
   b) Given this family situation, suggest two compromises and/or alternatives to a home program.

Movie - Jeffrey at Home.
During the time span of the movie:
1. How does the mother interact with her children?
2. How do the children respond to her?
3. List two environmental factors that influence the mother's interaction with her children.
4. Given these environmental factors, suggest two changes which would enable the mother to improve her interaction with her children.

Audiotapes

1. What is the parent's response to the program?
2. What environmental factors influence the family's ability to participate in the program?
3. Given these environmental factors, would you suggest any changes in the type of program offered?

Worksheet 5

Read the following and answer the related questions.

1. Prior to visiting Mrs. Arnold and her son Marcus, Sue, the parent instructor, organized an instructional plan with her supervisor. Sue arrived in time at the Arnold home for her first visit. She knew her goal was to establish a good working relationship with Mrs. Arnold and Marcus. Sue decided to let Marcus play with some age-appropriate toys while she has a chance to talk to Mrs. Arnold. During the course of her discussion she decided that Mrs. Arnold was ready to learn how to teach Marcus to play with a jack-in-the-box. While Mrs. Arnold attempted to involve Marcus with the toy, Sue provided lots of positive feedback.
   a) Identify 2 guidelines which Sue followed in this parent involvement session.
   b) Identify 1 guideline which Sue did not follow in this parent involvement session.

2. When teaching Mr. O'Mally how to carry out an activity with Sheila, Martin, the parent instructor, was careful to explain the rationale for why he had selected the task. Martin sat on the floor beside Mr. O'Mally and Sheila sat at a low table. Martin demonstrated the activity and explained the steps involved in teaching the task. He also pointed out what he expected Sheila's response to be. Mr. O'Mally seemed to understand how to do the task. Martin then gave Mr. O'Mally a sheet outlining the procedure for the activity, and told him to call if there were any questions when he was doing it at home.
   a) Identify 2 guidelines which Martin followed in this parent involvement session.
   b) Identify 1 guideline which Martin did not follow in this parent involvement session.

Worksheet 6

Directions: Have the students work in pairs and role play the following situations. Encourage the students to incorporate at least 3 guidelines for teaching family members into their role play. Discuss each presentation in relation to the guidelines.

1. You have made 2 visits to see Ms. C. and June. June is 4 years old and is moderately delayed in all areas. Today you are starting to work with June while Ms. C. observes. Ms. C. is interested in working on undressing so you decide to focus on this activity first.

2. You would like Mr. K. to be the primary handler of Ben during your next home visit. Ben is 6 months old with a severe visual impairment. You decide to have him present materials which encourage Ben to reach and swat.

3. You want to summarize the activity you just completed with Mrs. T. and Lisa, a 5 year old child who is severely delayed. Mrs. T. will be practicing activities with Lisa in a standing position each day during the next week.

THE CHILD WITH A HANDICAP AND THE FAMILY

Suggested Assignments

Readings:
 Hayden, V., 1974, pp. 26-29.
 McDonald, E.T., 1962, pp. 98-112.
 Smith, R.M. & Neisworth, J.T., 1975, pp. 180-193.

Activities:

1. Answer the following questions based on the Smith and Neisworth reading. (1,2)
    a. Give a negative consequence of a parent:
        1) denying that his child has a disability.
        2) over-protecting his child.
    b. In a family of five, the three children have reached the chronological age of adolescence. The middle child, however, is developmentally delayed and functioning at a 5-year-old level. Give two examples of the impact of this disability on members of the family.

2. Carrie, aged 5 years, has cerebral palsy which means that she has to wear braces and use crutches. She is looking forward to starting kindergarten where she will know many of her fellow students who live in her neighborhood and have been invited to play with her at her home. When school starts, the children are excited about travelling on the school bus but Ms. R. has to drive Carrie in the car as she cannot manage the high step into the bus. At lunch-time when Ms. R. calls to pick up Carrie after kindergarden, she sees Carrie sitting with the teacher watching the other children playing on the outdoor equipment. Give 2 reasons for Ms. R.'s feelings of sadness. (3)

3. Answer the following questions based on the Hayden reading. (4)
    a. List four stresses experienced by Vicki in relation to her sister.
    b. Give 2 ways in which Vicki felt her parents aggravated these stresses.
    c. Give one way in which Vicki felt that her parents helped her deal with those stresses.

4. Study one child in your facility.
    a. Give four facts about the child and his/her family.
    b. Give two examples of the effect of the child's disability on the family members. (4)

5. Paul is a 2 year old child with a visual loss. His twin brother, John, has no disability. The two boys play well together, though John always takes the lead. Mrs. G. is a woman with much energy who used to be a teacher and who places considerable importance on a stimulating environment for her children. Mr. G. also enjoys spending time with the boys. Paul's home program is designed to help improve his cognitive and motor skills. Mrs. G. finds it difficult to work with Paul, as John wants to join in, and performs the activities more quickly and competently than is possible for Paul.
    a. List three factors which influence Paul's parents' ability to carry out a home program. (5)
    b. Given the mentioned difficulty of working with Paul, suggest two compromises and/or alternatives to the program. (6)

6. Susie is 4 years old. A recent assessment at the child clinic showed a developmental delay of about 12 months. Susie lives with her grandparents who have cared for her since she was born. Her mother is 19 years old and visits occasionally but she takes little special interest in Susie. Susie does not know her as her mother. Susie's grandmother is fond of her but finds that she has little patience with, or tolerance of young children now

that she is 60 years old. Her husband, who suffers from a lung disease and was forced to retire early, dislikes any noise or change in his routine.
   a. List three factors which influence Susie's grandparents' ability to carry out a home program. (5)
   b. Give two suggestions for types of programs that might be effective for Susie and her grandparents. (6)

7. Answer the following questions based on the McDonald reading. (6)
   a. Give 3 reasons why parents of a handicapped child would consider residential care for their child.
   b. Given your personal family situation, if you had a child with a severe handicap, what would you feel about residential placement?

8. Harriet was involved in her fourth home visit with Mrs. Jones and Lester. Lester had recently seen a team of medical specialists and Mrs. Jones was confused about what all "that jargon" meant. Harriet tried to explain the meaning of the unfamiliar words, and Mrs. Jones was pleased that she better understood the information after their discussion. Mrs. Jones was anxious to learn how to teach Lester "big" and "little", so Harriet had planned to work on that concept during the visit. She had brought some new colored, wooden blocks from the center to teach the concept, as well as some other new materials she thought Mrs. Jones would like. (7)
   a. Identify 2 guidelines which Harriet followed in this parent involvement session.
   b. Identify 1 guideline which Harriet did not follow in this parent involvement session.

9. Jason and his mother, Mrs. Albright, had been involved with Diane, their instructor, for 9 months. Diane was pleased with Mrs. Albright's interest in Jason's language and fine motor programs and felt the mother had learned many instructional techniques which were effective with Jason. As part of her teaching style, Diane explained the activities, demonstrated how to do them with Jason, and then allowed Mrs. Albright to practice. Diane also provided home activity sheets for Mrs. Albright to record Jason's performance on the activities. After a recent staff meeting, Diane mentions to Mrs. Albright that Jason's self-feeding should also be an area in which they work. Mrs. Albright says that Jason's feeding is not a real concern to her. Diane decides that self-feeding is an important activity to build into their session. During her next visit she explains the reason for doing the feeding activity, demonstrates the activity and allows Mrs. Albright to practice. She also gives Mrs. Albright a weekly activity sheet for self-feeding along with ones for language and fine motor activities. (7)
   a. Identify 2 guidelines which Diane followed in this parent involvement session.
   b. Identify 1 guideline which Diane did not follow in this parent involvement session.

Suggested Test Questions

Match these feeling states often experienced by a parent of a child with a handicap with a typical statement which might be made by that parent. (2)

___1. denial a. Why should it happen to me?
___2. self-pity b. The other kids will pick on him.
___3. depression c. I have no energy to cope with anything.
___4. guilt d. He'll grow out of it.
___5. over-protection e. Where did I go wrong?

Read each of the following and answer the related questions.

For parents in general, and parents of children with handicaps in particular, there is often a discrepancy between their expectations of their child, and the reality of the child. For each of the four given stages of parenthood, give one expectation commonly held by parents, and the way this is altered by the reality of a child with a handicap. (1)

Anticipatory: 6. Expectation -

7. Reality -

____________ 8. Expectation -

9. Reality -

____________ 10. Expectation -

11. Reality -

____________ 12. Expectation -

13. Reality -

Linda C. is a child who is severely involved with cerebral palsy. She has just learned to move herself around on a scooterboard. She has a twin who has no disability. The twins have just celebrated their 4th birthday and had a party to which several other children were invited. Mrs. C. appeared in unusually low spirits when, in the following day, she brought Linda to the C.P. clinic for her annual visit. Name two factors which might explain Mrs. C.'s depression. (3)

14.

15.

John A. is a three-year-old child who is moderately developmentally delayed and has occasional seizures. Although he is able to walk independently, he tires quickly. He drools a good deal and his speech is difficult to understand. John and his family live in the country, ten miles from the town and hospital. They have one car which Mr. A. uses for work. List four stresses that his handicap might impose on his family. (4)

16.

17.

18.

19.

Tom is a 3 year old and has sisters aged 5 and 1 years. He has spina bifida and is paralysed from the waist down. He needs an educational program in motor, cognition, self-help and language skills. Tom's mother, Mrs. B., is 6 months pregnant, and looks tired and anemic. She is divorced and has no relatives living in the area. The family lives in a small, shabby apartment in a village and has no car. Mrs. B. is very fond of her children but has little understanding of Tom's problems. She is overwhelmed by the daily demands and crises in her life.

List three factors which influence Mrs. B.'s ability to participate in a home program. (5)

20.

21.

22.

Given this family situation, suggest two compromises and/or alternatives to a home program. (6)

23.

24.

You have been working with Erin and her grandmother, Mrs. K., for six months. Mrs. K.'s priorities were toilet-training Erin and teaching her to respond to her name. You planned a systematic program to teach these behaviors and demonstrated to Mrs. K. how to reinforce them at home. Since Mrs. K. was very doubtful about how much progress Erin would make, you presented yourself as an expert to increase her confidence in your program for Erin. (7)

Identify 2 guidelines which you followed in this parent involvement session.

25.

26.

Identify 1 guideline which you did not follow in this parent involvement session.

27.

Since Mr. W. was so self-conscious about working with Sarah, you made sure to point out to him ways in which he naturally was teaching her (talking, playing games, doing household activities, etc.). You felt it was important to build a mutual trust with Mr. W. prior to introducing any new teaching techniques. Mr. W. expressed some interest in teaching Sarah the names of familiar objects, but you felt Sarah really needed to learn how to use two hands together when playing. You explained to Mr. W. that it would be better to work on the fine motor skills, and planned your instruction in that area. (7)

Identify 2 guidelines which you followed in this parent involvement session.

28.

29.

Identify 1 guideline which you did not follow in this parent involvement session.

30.

Suggested Test Demonstrations

Directions:

You will be asked to role play one of the following situations. A doll will serve as the child and the instructor will act as the parent.

Criterion for Passing:

During your role play, you must include at least 3 guidelines discussed in Handout 2.

You have been working with Bobby and his grandmother, Mrs. J., for a year. He is a 2 year old child who is totally blind. Mrs. J. would like Bobby to learn how to feed himself with a spoon. You and your supervisor plan an appropriate program with Mrs. J. at a parent conference. Today you are going to introduce this program to Mrs. J. and Bobby. (8)

1.

2.

3.

You are making your first home visit to Mia, a 4 year old child with delayed speech and language, and her mother, Ms. S. Ms. S. is a quiet person who seems to be positive about you visiting; however, she is uncertain about her skills as a "teacher." (8)

1.

2.

3.

You have demonstrated to Mr. G. how to teach 3 year old Darnie to match 2 colors. Mr. G. seems to be uncomfortable about doing the task but says he understands what to do. You decide to re-explain the activity. (8)

1.

2.

3.

Suggested Test Questions

Match these feeling states often experienced by a parent of a child with a handicap with a typical statement which might be made by that parent. (2)

d 1. denial
a 2. self-pity
c 3. depression
e 4. guilt
b 5. over-protection

a. Why should it happen to me?
b. The other kids will pick on him.
c. I have no energy to cope with anything.
d. He'll grow out of it.
e. Where did I go wrong?

Read each of the following and answer the related questions.

For parents in general, and parents of children with handicaps in particular, there is often a discrepancy between their expectations of their child, and the reality of the child. For each of the four given stages of parenthood, give one expectation commonly held by parents, and the way this is altered by the reality of a child with a handicap. (1) *(for example)*

Anticipatory: 6. Expectation - *the baby will be attractive*
7. Reality - *the baby has an obvious defect*

infancy 8. Expectation - *the baby will be responsive to her parents*
9. Reality - *the baby is severely delayed and shows no recognition of parents*

childhood 10. Expectation - *child will enjoy physical activities*
11. Reality - *child uses braces, is limited in motor activities and tires easily*

adolescence 12. Expectation - *child will have an active social life outside home*
13. Reality - *child physically dependent on parents*

Linda C. is a child who is severely involved with cerebral palsy. She has just learned to move herself around on a scooterboard. She has a twin who has no disability. The twins have just celebrated their 4th birthday and had a party to which several other children were invited. Mrs. C. appeared in unusually low spirits when, in the following day, she brought Linda to the C.P. clinic for her annual visit. Name two factors which might explain Mrs. C.'s depression. (3)

14. *while it is progress for Linda to use a scooterboard, Mrs. C cannot help comparing this with her twin's ease of mobility*
15. *seeing a group of four year olds, made Linda's disability more obvious to Mrs. C.*

John A. is a three-year-old child who is moderately developmentally delayed and has occasional seizures. Although he is able to walk independently, he tires quickly. He drools a good deal and his speech is difficult to understand. John and his family live in the country, ten miles from the town and hospital. They have one car which Mr. A. uses for work. List four stresses that his handicap might impose on his family. (4)

16. *financial necessity of a second car for hsopital appointments and therapy*
17. *difficulty of finding a babysitter for a child who has seizures*
18. *physical necessity of carrying or wheeling a three year old*
19. *frustration that John cannot easily verbalize his needs*

Tom is a 3 year old and has sisters aged 5 and 1 years. He has spina bifida and is paralysed from the waist down. He needs an educational program in motor, cognition, self-help and language skills. Tom's mother, Mrs. B., is 6 months pregnant, and looks tired and anemic. She is divorced and has no relatives living in the area. The family lives in a small, shabby apartment in a village and has no car. Mrs. B. is very fond of her children but has little understanding of Tom's problems. She is overwhelmed by the daily demands and crises in her life.

List three factors which influence Mrs. B.'s ability to participate in a home program. (5)

20. *other young children present in the home*

21. *Mrs. B.'s lack of physical energy*

22. *Mrs. B.'s lack of awareness of the need for a program for Tom*

Given this family situation, suggest two compromises and/or alternatives to a home program. (6)

23. *center-based program*

24. *frequent visits by an aide, supervised by trained specialists*

You have been working with Erin and her grandmother, Mrs. K., for six months. Mrs. K.'s priorities were toilet-training Erin and teaching her to respond to her name. You planned a systematic program to teach these behaviors and demonstrated to Mrs. K. how to reinforce them at home. Since Mrs. K. was very doubtful about how much progress Erin would make, you presented yourself as an expert to increase her confidence in your program for Erin. (7)

Identify 2 guidelines which you followed in this parent involvement session.

25. *planned a systematic program to teach Mrs. K.'s priorities for Erin*

26. *used demonstration as a way to teack Mrs. K.*

Identify 1 guideline which you did not follow in this parent involvement session.

27. *presented yourself as an expert which might offend Mrs. K.*

Since Mr. W. was so self-conscious about working with Sarah, you made sure to point out to him ways in which he naturally was teaching her (talking, playing games, doing household activities, etc.). You felt it was important to build a mutual trust with Mr. W. prior to introducing any new teaching techniques. Mr. W. expressed some interest in teaching Sarah the names of familiar objects, but you felt Sarah really needed to learn how to use two hands together when playing. You explained to Mr. W. that it would be better to work on the fine motor skills, and planned your instruction in that area. (7)

Identify 2 guidelines which you followed in this parent involvement session.

28. *pointed out how Mr. W. was naturally teaching Sarah*

29. *built a mutual trust prior to introducing teaching techniques*

Identify 1 guideline which you did not follow in this parent involvement session.

30. *did not consider Mr. W's interest in teaching Sarah the name for familiar objects*

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

INTERPERSONAL SKILLS

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MODEL INFANT AND TODDLER PROJECT
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Instructor's Guide

Overview

This unit introduces the student to fundamental interpersonal skills. Through discussion and role play, the student learns when and how to use the skills in work with parents, peers, and supervisors.

Prerequisites

For the Instructor - The instructor should have training and experience in communication skills, such as a psychologist or social worker.

For the Student - None

Time Needed

Approximately 15 - 18 hours.

Materials Needed

1. To be duplicated for each person:
   - Handout 1
   - Worksheets 1 - 9 (3 copies of worksheet 6 per person)
   - Assignments and activity sheets
2. Other materials:
   - Assigned readings
   - Picture which allows for a variety of interpretations to illustrate that sense impressions are interpreted rather than merely recorded
   - Poster for classroom wall - I know you believe you understand what you think I said, but I am not sure you realize that what you heard is not what I meant.

Physical Arrangements Needed

A classroom in which chairs can be arranged in a circle or horseshoe to facilitate discussion

Space so the students can practice role play situations with some degree of privacy

Objectives

1. The student will be able to identify when the guidelines for interpersonal skills are followed in specific situations.

2. The student will be able to listen responsively in a discussion.

3. The student will be able to express needs/concerns in a discussion.

4. The student will be able to use problem-solving skills in a discussion.

5. The student will be able to respond appropriately to criticism in a discussion.

Outline

I. Introduction
  A. Uses of interpersonal skills
    1. establish and maintain relationships
    2. work with other person(s) toward common goal
    3. solve problems which disrupt the work and/or the relationship
  B. Components of interpersonal skills

II. Interpersonal perception
  A. Sense impressions are interpreted rather than merely recorded
    1. illustration of this point with picture
    2. factors influencing interpretation
  B. Recognition that interpretations are not exact representations of reality promotes interpersonal communication
    1. each person's interpretation seems correct to that person
    2. each person's interpretation is partially correct
    3. non-judgmental discussion results in better understanding of situation.

References: Klemer, R. & Smith, R., 1975, pp. 126-131.
Kolb, D., et al., 1974, pp. 213-228.
Stewart, J., & D'Angelo, G., 1975, pp. 75-108.

III. Overview of interpersonal communication
  A. Communication continually occurs, either verbally or nonverbally
  B. There may or may not be gaps in the communication
    1. "I know you believe you understand what you think I said, but I am not sure you realize that what you heard is not what I meant."
    2. some people mean exactly what they say and nothing else should be read into the statement
  C. Roadblocks to communication (Gordon, 1974) (Worksheet 1)
  D. Aids to effective communication
    1. attitude that both parties benefit from effective communication
    2. non-judgmental attitude toward other person and his/her ideas
    3. clear expression of ideas
    4. self confidence of both parties
    5. ability to determine who owns a problem

References: Adler, R., 1977, pp. 187-190.
Gordon, T., 1974, pp. 38-40, 47-44, 80-89.
Klemer, R. & Smith, R., 1975, pp. 149-158.
Kolb, D., et al., 1974, pp. 229-238.
Stewart, J. & D'Angelo, G., 1975, pp. 44-57, 182-184.

IV. Listening responsively
- A. Definition: listening and responding in a way that conveys one's interest in the speaker and understanding of other's point of view.
- B. Importance of listening
- C. Listening styles
  - 1. passive listening
  - 2. active listening
- D. Using active listening
  - 1. guidelines for using active listening (Handout 1)
  - 2. student practice (Worksheet 2)
  - 3. instructor role play
  - 4. students experience the following situations:
    - a. using active listening as partner talks about a personal concern
    - b. repeating conversation using roadblocks
  - 5. additional student practice (Worksheet 3, Active Listening Exercise in Lichter, 1976)
  - 6. student role plays (initiate with statements on Worksheet 2)

References: Adler, R., 1977, pp. 169-171.
Gordon, T., 1974, pp. 60-79.
Lichter, P., 1976, pp. 67-72.
Stewart, J. & D'Angelo, G., 1975, pp. 186-200.

V. Expressing needs and concerns
- A. Importance of expressing needs and concerns
- B. Reasons people hesitate to express needs and concerns
- C. Effectively expressing needs and concerns
  - 1. guidelines for expressing needs and concerns (Handout 1; Worksheets 4 and 5)
  - 2. student practice (Worksheet 6)
  - 3. instructor role play
  - 4. student role plays (initiate with situations on Worksheet 5) then repeat conversation using roadblocks

References: Adler, R., 1977, pp. 218-236.
Gordon, T., 1974, pp. 125-155.
Stewart, J. & D'Angelo, G., 1975, pp. 204-206.

VI. Solving problems
- A. Differences are unavoidable and can be worked out
- B. Effectively solving problems
  - 1. guidelines for solving problems (Handout 1)
  - 2. problem solving example (Worksheet 7)
  - 3. instructor role play
  - 4. student practice (initiate with situations on Worksheet 5)
  - 5. identifying when the guidelines for solving problems are followed (Worksheet 8)
- C. Handling criticism
  - 1. guidelines for handling criticism (Handout)
  - 2. student practice (Worksheet 9)
  - 3. instructor role play
  - 4. student role plays (initiate with situations on Worksheet 8)

References: Adler, R., 1977, pp. 190-208, 236-249.
Gordon, T., 1974, pp. 227-234, 313-315.
Stewart, J., & D'Angelo, G., 1975, pp. 245-284.

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Adler, R. Confidence in communication. New York: Holt, Rinehart & Winston, 1977.

Gordon, T. Teacher effectiveness training. New York: Peter H. Wyden, 1974.

Klemer, R. & Smith, R. Teaching about family relationships. Minneapolis: Burgess, 1975.

Kolb, D., Rubin, J., & McIntyre, J. Organizational psychology. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1974.

Lichter, P. "Communicating with Parents." Teaching exceptional children, Winter 1976, 67-72.

Stewart, J., & D'Angelo, G. Together: communicating interpersonally. Reading, Mass.: Addison, Wesley, 1975.

Handout 1

Guidelines

- I. Using active listening
  - A. Considerations influencing your use of active listening
    - 1. professional
      - a. listener vs. counselor
      - b. discuss with supervisor how to handle a situation in which a parent wants to frequently discuss personal problems
    - 2. practical
      - a. time
      - b. ability to listen to a particular problem in a non-judgmental way
      - c. ability to see problem as other person's and not mine
  - B. Steps in using active listening
    - 1. listen to both "the words and the music" of the speaker
    - 2. decide what the speaker's message is
    - 3. put this message in your own words and respond to the speaker
      - a. limit responses to 10-15 words
      - b. avoid beginning responses with "I..."
      - c. when in doubt, begin responses with "you feel that...", "you think that....", etc.
  - C. Convey that the speaker is important
    - 1. convey non-verbally by
      - a. willingness to listen
      - b. eye contact
      - c. facial expression
      - d. posture and movements of body
    - 2. convey verbally by continuing the conversation in the direction begun by the speaker

- II. Effectively expressing needs and concerns
  - A. Considerations influencing your expressing needs and concerns
    - 1. discuss problem situation with supervisor
    - 2. determine to what extent the problem results from a difference in values rather than from behavior of the other person which concretely and observably affects you or your job
    - 3. attempt to resolve the problem by modifying the setting, including your own behavior, before expressing your needs and concerns to other party (Worksheets 4 and 5)
    - 4. if it is necessary to directly express your needs and concerns
      - a. practice how you will do this
      - b. choose an appropriate time and place
  - B. Steps in effectively expressing needs and concerns
    - 1. send a succinct "I-message" (Gordon, 1974) containing the following three components
      - a. a non-blameful description of the specific behavior that presents a problem
        - 1) when possible, include self as contributing to the problem behavior, e.g. "When we spend so much time talking...." rather than "When you spend so much time talking..."
        - 2) when possible, discuss the behavior in terms of the child, e.g. "When Jane comes late for her session..." rather than "When you bring Jane late for her session..."
        - 3) useful way to begin I message - "When you/we..."

b. the specific, observable consequences of this problem behavior
1) focus on consequences for the child or the program rather than for yourself
2) discuss consequences as effects on behavior rather than feelings
3) don't imply that there would be no problem or consequences if you were more competent
c. a clear description, without qualifiers, of the feelings you experience as a result of the problem.
2. after sending an I-message, be prepared to
a. use active listening to convey that you see the other person's point of view
b. send another I-message and/or support your position if you feel you haven't made your point
c. use problem solving to find a mutually satisfactory way to resolve the difficulty
C. Convey that what you say is important
1. convey non-verbally by
a. eye contact
b. facial expression
c. posture and movements of body
d. tone of voice
2. convey verbally by
a. clear expression of message
b. no qualifiers discount message

III. Solving problems
A. Considerations influencing your role in solving problems
1. discuss problem situation with supervisor
2. determine to what extent the problem results from a difference in values rather than from behavior of the other person which concretely and observably affects you or your job
3. attempt to resolve the problem by modifying the setting, including your own behavior, before expressing your needs and concerns to other party (Worksheets 4 and 5)
4. if it is necessary to directly express your needs and concerns
a. practice how you will do this
b. choose an appropriate time and place
B. Steps in solving problems (Gordon, 1974; Adler, 1977)
1. clarify the issue
a. limit discussion to one issue at a time
b. clarify points of disagreement
2. define each person's needs
3. brainstorm possible solutions
4. choose the best alternative
5. agree to evaluate the solution at a follow-up meeting
C. Convey a problem-solving attitude
1. listen responsively: use active listening and attempt to understand the other person's point of view
2. express your needs and concerns with I-messages
3. maintain and express the belief that a solution can be found which will be acceptable to both parties

- D. If a problem seems insoluble
  - 1. discuss situation with supervisor
  - 2. problem may involve strongly held basic values; if so
    - a. agree to disagree
    - b. maintain relationship with person
- E. If one has a problem with one's supervisor (Gordon, 1974)
  - 1. use problem solving skills discussed above
  - 2. if problem seems insoluble
    - a. suggest breathing space with set time to meet again
    - b. follow agency procedure for resolving conflicts
    - c. if all else fails, ask supervisor to join you in a meeting with his/her supervisor to get help resolving the problem
    - d. if s/he refuses, tell supervisor you will go to his/her boss alone, but you prefer s/he and you go together
    - e. if s/he still refuses, go to supervisor's boss and explain how you tried to resolve problem with supervisor and to involve supervisor in this meeting; ask for his/her help
- F. Handling criticism
  - 1. when criticized (Adler, 1977)
    - a. seek more information
    - b. agree with the speaker
  - 2. when necessary, use the problem solving steps to resolve the difficulty
  - 3. when the situation is not resolved and problem solving is not appropriate, refer the critic to your supervisor

INTERPERSONAL SKILLS

Worksheet 1

You have just begun working with David S., a two-year-old child with developmental delay, and his mother. As you finish the session, Mrs. S. says, "Im so concerned about David. He's two years old and still doesn't walk. I'm beginning to believe he'll never be a normal boy."

Using each of the strategies below (Gordon, 1974),write a response to her statement.

1. Ordering
2. Threatening
3. Preaching
4. Advising
5. Lecturing
6. Blaming
7. Praising
8. Name-calling
9. Psychoanalyzing
10. Sympathizing
11. Questioning
12. Humoring

Worksheet 4

Many times, problems can be resolved by modifying the setting, including one's own behavior, without directly expressing needs and concerns. For each category below, list three possible modifications.

1. Time
2. Space
3. Methods
4. Persons Involved

Worksheet 8

Read the following and answer the related questions.

You have been working with 3 year old Josh J., who has spina bifida, for three months. Mrs. J. said she was carrying out the home program for Josh but you doubted that she was following through. After trying several modifications of the setting with no success, you decide to verbally express your concerns to Mrs. J. She is receptive to discussing the problem and expresses her need to have home activities in which her other children, ages 5 and 4, can participate as well.

Worker: (1) "Let's think of as many activites as we can that the three children would enjoy. (2) After we make a list, we can pick the ones that would help Josh the most."
Mrs. J.: "They like me to read them a story."
Worker: (3) "That's a good idea except Josh really needs something more active."
Mrs. J.: "Well, they could play cars."
Worker: (4) "How about punching the clown?"

a. Identify 2 different points in the conversation where the worker followed the guidelines for communicating effectively and indicate for each point which guideline she followed.
b. Identify 1 point in the conversation where the worker did not follow the guidelines for communicating effectively and indicate which guideline she did not follow.

Worksheet 2

For each of the following statements, give the speaker's message and an active listening response.

Statement	Message	Active Listening Response
"I'm so concerned about David. He's two years old and still doesn't walk. I'm beginning to believe he'll never be a normal boy."	I'm worried David will never be like other boys his age.	"You're feeling David may never be like other boys his age."
"I feel so stupid when I work with Maureen. She just runs around the room and I can't get her to settle down."		
"I'm sick of being a parent. Do this, do that, run here, run there. I never have any time to do what I want to do."		
"I wish I didn't have Georgia for a supervisor. We never see eye to eye. I think she thinks I'm a dud."		
"I'm starting to get nervous about my in-laws coming to visit. I get the feeling they don't think I do enough to help Linda overcome her problems."		

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Worksheet 3

Cover this sheet with a blank piece of paper. After reading each parent statement, write your response. Then compare it with the sample worker response. Remember there is more than one possible active listening response. Would one response be more effective than the other? Why?

Parent: "I'm so concerned about David. He's two years old and still doesn't walk. I'm beginning to believe he'll never be a normal boy."

Worker: "You're feeling David may never be like other boys his age."
Parent: "It really worries me. When he was a baby, it was easy to think he might catch up. Even normal babies don't do that much. But, the older he gets, the more obvious it becomes that other kids can do a lot more than he can."

Worker: "It's a big concern for you."
Parent: "It really is. I don't know what to do."

Worker: "You're unsure about how to deal with all this."
Parent: "Yes, I guess it's time I faced up to the fact that David is retarded."

Worker: "You're thinking you need to face squarely that David is retarded."
Parent: "Yes. By letting myself think he may catch up with other kids, I'm always pushing him to do more. Then I feel guilty because I know he's doing as much as he can."

Worker: "Thinking he might catch up has made it hard for you not to push him."
Parent: "Yes. I know he needs some pushing, but I don't want him to feel I don't love him because he is slow."

Worker: "You want him to know you love him no matter how much he can do."
Parent: "Yes. I think I'll join that Association for Retarded Citizens. I've heard that a lot of parents belong and get help from talking to each other. What do you think?

Worker: "I think that's a good idea. I know that group has meant a great deal to many parents."
Parent: "I feel so much better. Thanks for your help."

INTERPERSONAL SKILLS

Worksheet 5

For each of the following situations, give two possible modifications of the setting.

Situation	Two Possible Modifications of Setting
Mother has brought her child late to several sessions in a row.	1. Change time of session. 2. Switch to home visiting.
Parents have brought siblings to several sessions in a row.	
Parents continually lose toys they are loaned for their child's home program.	
Mother has left you alone with the child for several sessions in a row.	
Mother frequently wants to spend the session talking with you, making it difficult for you to work with the child.	
A co-worker frequently interrupts your work with a child to ask you questions.	
A co-worker seldom returns materials to the storeroom.	
A co-worker frequently sits in the lounge when she is supposed to be working with you in the class.	
Your supervisor makes decisions affecting your work schedule without consulting you.	
Your supervisor frequently does not keep her appointments with you.	

Worksheet 6

For each of the situations on Worksheet 5, list the 3 components of the I-message and write the I-message you would send.

Situation	Specific Behavior	Specific Consequence	Feelings	I-message
Mother has brought her child late to several sessions in a row.	Child arrives late.	Reduced time of session.	Concern about child's progress.	"When John comes late to the session, we have less time together. I'm concerned this will slow dow his progress.

Worksheet 9

Using each of the following strategies for handling criticism (Adler, 1977), write a response to the parent.

Parent: "I'm sick of you telling me what to do. I'm Tara's mother. I don't need you to tell me how to take care of her. You're not even a parent."

A. Questioning responses
  1. Ask for specifics
  2. Guess about specifics
  3. Use active listening
  4. Ask for the consequences of your actions
  5. Ask for more complaints

B. Agreeing responses
  1. Agree with the truth
  2. Agree with the odds
  3. Agree in principle
  4. Agree with the perception

Other situations to role play:

Parent: "You don't care about Jonathan. If you did, you'd work with him twice a week, like you do with Billy."

Supervisor: "You should have checked with me before changing your appointment time with Gwen and her mother."

Supervisor: "I'm concerned about your work with Karl. It seems as if you need to better plan your session with him."

Worksheet 7

This gives the student an example of problem solving. Pairs of students can use this as a script to experience the flow of the problem-solving process.

The preschool special education assistant works with 2 year old Dick T. for one hour weekly in his home. Mrs. T. enjoys talking to friends and frequently spends one-half hour on the telephone during Dick's session. To obtain greater participation from Mrs. T. in the sessions, the worker has attempted to modify the setting by suggesting she come at a more convenient time for Mrs. T., and by only working on Mrs. T.'s priorities for Dick. In spite of these changes, Mrs. T. has continued her telephone conversations. The worker, after discussing the situation with her supervisor, decides she must directly express her needs and concerns to Mrs. T.

Worker: (upon arrival) "Good morning, Mrs. T."
Mrs. T: "Hi. Come on in. I'm on the telephone with Betty. You get started with Dick and I'll come in when I'm through talking."
Worker: "O.K. I'd like to talk with you when you're free."
Mrs. T: "O.K. I won't be long."
Worker: (when Mrs.T. returns, the worker gives Dick some toys he enjoys) "I wanted to talk with you about how we can spend more time together when I'm here. When we have such a short time together, we don't have much chance to work together to help Dick. I'm concerned that this gets in the way of his learning to do more things."
Mrs. T: "You mean he isn't learning anything?"
Worker: "Oh, no. He's learning to do many new things. He likes to look at books now; he's saying some words; he's interested in getting on the coaster car. I think he could be learning even more if we had more time together. That way, you could help me understand what works with Dick, and I could give you some ideas about things to do with him."
Mrs. T: "Isn't that what we're doing now?"
Worker: "We're doing some of that now. I think if we did more of it, we'd see Dick learning even more."
Mrs. T: "O.K. I want him to learn. I guess what you're saying is that I spend too much time on the telephone."
Worker: "I miss having you with Dick and me when you're talking on the telephone."
Mrs. T: "O.K. I won't talk on the telephone when you're here."
Worker: "Let's think through the situation. I know talking on the telephone is important for you. I wonder if we can provide some of the enjoyment you get from that during the session?"
Mrs. T: "I doubt it. When I talk to my friends, I don't have to think about anyone else."
Worker: "You can do just what you feel like doing."
Mrs. T: "Yes. That's part of the reason I like you coming to work with Dick. I know he's having fun and so I can have more fun talking to my friends - I don't have to worry about him."
Worker: "You can relax knowing he's being taken care of and having fun."
Mrs. T: "Yes. Although I know I should be with you and Dick. You and Mrs. Smith (worker's supervisor) said that at the beginning."
Worker: "Let's brainstorm and see if we can find a way that you can do what you feel like doing and yet be with Dick and me so we can plan together for him."
Mrs. T: "I don't know if we can but I'm willing to try."

Worker: "Let's say whatever we think of without worrying right now whether or not it will work. I'll make a list of all our ideas. When we're finished, we can decide what would work best." (worker gets out pencil and paper to write down ideas)

Mrs. T: "I can't think of anything."

Worker: "One possibility would be for you and I to have a chance to talk together after we work with Dick. We'll give him some toys to play with. He's playing nicely by himself right now."

Mrs. T: "I could spend only ten minutes on the telephone."

Worker: "Perhaps one of your friends could come here. Although we'd be talking about Dick, you would have some company."

Mrs. T: "When you leave here, you could drop me off at Betty's. It's right on the way to your office. That way I could visit her and her husband could bring me home when he comes home at noon."

Worker: "Maybe there's another time of day I could come when it might be harder for your friends to talk with you. That way I wouldn't interfere as much with your telephone conversations."

Mrs. T: "I can't think of anything else."

Worker: "O.K. Let's look at each of the ideas and see if it would work. What do you think of our having a chance to talk together after we work with Dick."

Mrs. T: "I'd like that. Would we have to talk just about Dick?"

Worker: "No. We could talk about anything. We could plan the last ten minutes of the session to talk about whatever you feel like."

Mrs. T: "I'd rather talk the first ten minutes. That way, if I have something important to say, I won't have to wait the whole hour."

Worker: "That would be fine. Let's look at the other ideas. You mentioned spending only ten minutes on the telephone. I'd prefer that when I'm here we have the whole time together."

Mrs. T: "O.K. I won't need that time on the telephone so much if we have a chance to talk."

Worker: "O.K. What about the idea of having a friend come here?"

Mrs. T: "I don't think that would work very well. I'd be thinking about entertaining her and probably wouldn't pay much attention to you and Dick."

Worker: "O.K. You mentioned my dropping you off at Betty's. I'd be willing to do that if I go back to the office, but sometimes I have appointments other places. If I will be heading back to the office, I'll let you know and you could ride with me if you wish."

Mrs. T: "That would be nice. Betty doesn't care if I call her at the last minute to tell her I'm coming."

Worker: "Is there another time of day that would interfere less with your telephoning?"

Mrs. T: "No, this is as good a time as any."

Worker: "Let's start next week taking the first ten minutes to talk about whatever you like. Then we can work together on Dick's program. We can see how that works for a couple of weeks. We can decide then if we want to keep that plan or if we want to change it."

Mrs. T: "Fine. Right now I think it will work fine."

Worker: "I know I'll be going back to the office next week because I have a meeting. I'd be glad to drop you off at Betty's."

Mrs. T: "Thanks. I'll call her and let you know."

Go back over the conversation. By writing next to the worker's statement, indicate which are examples of active listening, I-messages, or problem solving steps: clarifying issue, defining needs, brainstorming solutions, choosing best alternative, agreeing to evaluate solution.

Suggested Assignments

Readings:

Adler, 1977, pp. 20-35, 173-208, 209-249.
Lichter, 1976.

Activities:

1. Read the following and answer the related questions. (1)

Patty is a preschool special education assistant working with Richard B., a two year old child with developmental delay. Richard has a twin brother Robert, who has no apparent problems. After several months involvement in a program for Richard, Mr. and Mrs. B. feel that Robert should be involved in the program as well.

Mrs. B.: "I know children are different but I don't think it's fair that Richard should get all the special attention."
Patty: (1) "But Richard has a problem and Robert doesn't."
Mr. B.: "That doesn't make as much difference to us as treating the two boys fairly."
Patty: (2) "It's important to you that the twins be treated as equally as possible."
Mr. B.: "Yes, we want them both involved in the program."
Patty: (3) "All right. Let's see what we can work out so that Robert can be involved while at the same time Richard is getting the help he needs."

a. Identify 2 different points in the conversation where Patty followed the guidelines for communicating effectively and indicate for each point which guideline she followed.
b. Identify 1 point in the conversation where Patty did not follow the guidelines for communicating effectively and indicate which guideline she did not follow.

John works individually for one-half hour with four-year-old David each morning at day care. During this time, other staff members interrupt the session to ask John questions. John decides to raise his concern about these interruptions at staff meeting.

John: (1) "I'd like to discuss how we can organize ourselves so that there isn't a need to interrupt people when they're working individually with a child."
Bill: "I don't know that that's necessary. I don't mind being interrupted."
John: (2) "It's a problem for me. When someone interrupts my session with David, he loses his interest in the task and I have to start another activity. I feel frustrated because I don't get as much accomplished as I could with no interruptions."
Mary: "I see your point John. But we all have so much to do that if we don't ask a question when we think of it, we'll forget it and then something won't get done."
John: (3) "O.K., but please try not to interrupt me."

a. Identify 2 different points in the conversation where John followed the guidelines for communicating effectively and indicate for each point which guideline he followed.
b. Identify 1 point in the conversation where John did not follow the guidelines for communicating effectively and indicate which guideline he did not follow.

2. For each of the following statements, give an active listening response. (2)

Statement	Active Listening Response
"I don't know how I'm going to have time to work with Junior. If only my parents didn't live with us, I'd have more time for the kids."	
"I'm beginning to think working with handicapped kids isn't for me. They make so little progress I don't know if I'm really helping them."	

3. For each of the situations described, give two possible modifications of the setting and an appropriate I-message. (3,4)

4. Using each of the following strategies for handling criticism (Adler, 1977), write a response to the parent. (5)

   Parent: "I don't think you know what David needs to learn. You just give him baby stuff. He's bored because he already knows how to do those things."

   a. Questioning responses
      1) Ask for specifics
      2) Guess about specifics
      3) Use active listening
      4) Ask for the consequences of your actions
      5) Ask for more complaints

   b. Agreeing responses
      1) Agree with the truth
      2) Agree with the odds
      3) Agree in principle
      4) Agree with the perception

5. For the demonstration test for this topic, you will be asked to role play one of the situations in Activities 1, 3, or 4. The purpose of the role-play will be to use problem-solving skills to resolve the concern. To prepare for this test, you may want to practice role playing all of these situations, using the problem solving steps to resolve the concern. Remember to incorporate active listening and I-messages. (2,3,4,5)

INTERPERSONAL SKILLS

Activity 3

Situation	2 Possible Modifications of Setting	I-message
Whenever you visit the Smith home, there are so many relatives and neighbors you have a hard time working with 2 year old Wendy and her mother.		
After four months involvement in a program for her son Steve, Mrs. K. still seems unable to understand anything she should do at home to carry out his program.		
Irene is your supervisor and is supposed to meet with you on a regular basis. However, she only asks to see you when she has a problem. Whenever you ask her for an appointment, she says she'll get back to you when she has time.		
Joan has been employed at your facility for six months. She has difficulty meeting her job responsibilities and has made little progress in spite of help given her by her supervisor and other staff members. You work on a team with Joan and are increasingly feeling you have to carry more than your share of the load.		

Suggested Test Questions

Read the following and answer the related questions. (1)

An agency has a storeroom where all materials used with children are kept. When someone takes materials from this room to tutor a child, s/he is supposed to return them immediately following the session. Joan's co-worker, Cindy, tutors a child two hours before Joan is scheduled to tutor Alan. Both children are the same age and have similar problems so both often use the same materials. Many times Joan has gone to the storeroom to get what she needs for Alan's session and not found it where it belonged. She has found it either on Cindy's desk or in the room where tutoring sessions are held. Her attempts at staff meetings to get everyone's agreement to return materials to the storeroom have not resolved the problem. She decides to discuss the problem with Cindy.

Joan: (1) "I get frustrated when I have a hard time getting ready for Alan's session because the materials I need aren't in the storeroom."
Cindy: "I know it's maddening. I can never find the materials I need either."
Joan: (2) "When you don't return the materials after your session with Alice, I have trouble getting ready for Alan's session. I get annoyed when I have to hunt all over for what I need."
Cindy: "Oh, come on. It's not that bad."
Joan: (3) "I have to allow an extra 15 minutes preparation time and it cuts into my break."
Cindy: "Really? I'm sorry. I'll get the materials back to the storeroom."

Identify 2 different points in the conversation where Joan followed the guidelines for communicating effectively and indicate for each point which guideline she followed.

1.

2.

Identify 1 point in the conversation where Joan did not follow the guidelines for communicating effectively and indicate which guideline she did not follow.

3.

Fred has been working individually, one-half hour a day, with five-year-old Hans, a child with multiple handicaps in a day program at a private agency. Hans' mother, Mrs. T., asks to observe Fred working individually with her son. After the session, Fred invites Mrs. T. to stay and talk over what she observed.

Mrs. T.: "I don't think you have enough experience to help Hans. If one of the specialists were spending this time with him, he'd be a lot farther ahead."
Fred: (1) "This wasn't a good session. Hans seemed tired."
Mrs. T.: "Well, he certainly got plenty of sleep last night. Besides, even if he was tired, I don't think that would have made any difference if one of the specialists was with him."
Fred: (2) "You feel someone with more experience would be more effective with Hans."

Mrs. T.: (in a determined tone of voice) "Yes, I'd like to see if one of the specialists can work individually with him."

Fred: (3) "That would be something you would discuss with Mr. Smith, my supervisor. I'd be glad to help you set up an appointment with him."

Identify 2 different points in the conversation where Fred followed the guidelines for communicating effectively and indicate for each point which guidelines he followed.

4.

5.

Identify 1 point in the conversation where Fred did not follow the guidelines for communicating effectively and indicate which guideline he did not follow.

6.

For each of the following statements, give an active listening response. (2)

Statement	Active Listening Response
"I wish my husband understood Daniel's problem better. He says the reason Daniel can't do more is because I baby him."	7.
"I wish the Joneses would show more appreciation for what I do for their kid. I'm working my head off and they just complain."	8.

For each of the following situations, give two possible modifications of the setting and an appropriate I-message (3,4)

Situation	2 Possible Modifications of Setting *(For example)*	I-Message *(For example)*
You keep a jar of coffee in your desk drawer. Although you've never seen anyone use it, the jar is emptying very quickly.	9. 10.	11
Mrs. F. enjoys talking with you when you work with Bettina. Lately it has been difficult to focus on Bettina because Mrs. F. has so much she wants to discuss.	12. 13.	14.

Suggested Test Demonstrations

Directions:

You will be asked to role play, with instructor as partner, one of the situations in Assignment Activities 1, 3, or 4. You are to use problem-solving skills to resolve the concern.

Criterion for Passing:

During the role play, you must demonstrate each of the following skills more than 50% of the time its use would be appropriate.

____Student listens responsively
    uses active listening
    conveys that what s/he says is important

____Student expresses needs/concerns
    sends complete I-message(s)
    conveys that what s/he says is important

____Student uses problem-solving skills
    follows problem-solving steps discussed in course
    conveys a problem-solving attitude.

Suggested Test Questions

Read the following and answer the related questions. (1)

An agency has a storeroom where all materials used with children are kept. When someone takes materials from this room to tutor a child, s/he is supposed to return them immediately following the session. Joan's co-worker, Cindy, tutors a child two hours before Joan is scheduled to tutor Alan. Both children are the same age and have similar problems so both often use the same materials. Many times Joan has gone to the storeroom to get what she needs for Alan's session and not found it where it belonged. She has found it either on Cindy's desk or in the room where tutoring sessions are held. Her attempts at staff meetings to get everyone's agreement to return materials to the storeroom have not resolved the problem. She decides to discuss the problem with Cindy.

Joan: (1) "I get frustrated when I have a hard time getting ready for Alan's session because the materials I need aren't in the storeroom."
Cindy: "I know it's maddening. I can never find the materials I need either."
Joan: (2) "When you don't return the materials after your session with Alice, I have trouble getting ready for Alan's session. I get annoyed when I have to hunt all over for what I need."
Cindy: "Oh, come on. It's not that bad."
Joan: (3) "I have to allow an extra 15 minutes preparation time and it cuts into my break."
Cindy: "Really? I'm sorry. I'll get the materials back to the storeroom."

Identify 2 different points in the conversation where Joan followed the guidelines for communicating effectively and indicate for each point which guideline she followed.

1. *(2)sent an I-message containing the three components*

2. *(3) supported her position*

Identify 1 point in the conversation where Joan did not follow the guidelines for communicating effectively and indicate which guideline she did not follow.

3. *(1) I-message did not describe the specific behavior presenting a problem*

Fred has been working individually, one-half hour a day, with five-year-old Hans, a child with multiple handicaps in a day program at a private agency. Hans' mother, Mrs. T., asks to observe Fred working individually with her son. After the session, Fred invites Mrs. T. to stay and talk over what she observed.

Mrs. T.: "I don't think you have enough experience to help Hans. If one of the specialists were spending this time with him, he'd be a lot farther ahead."
Fred: (1) "This wasn't a good session. Hans seemed tired."
Mrs. T.: "Well, he certainly got plenty of sleep last night. Besides, even if he was tired, I don't think that would have made any difference if one of the specialists was with him."
Fred: (2) "You feel someone with more experience would be more effective with Hans."

Mrs. T.: (in a determined tone of voice) "Yes, I'd like to see if one of the specialists can work individually with him."
Fred: (3) "That would be something you would discuss with Mr. Smith, my supervisor. I'd be glad to help you set up an appointment with him."

Identify 2 different points in the conversation where Fred followed the guidelines for communicating effectively and indicate for each point which guidelines he followed.

4. *(2) sought more information through active listening*

5. *(3) referred parent to supervisor*

Identify 1 point in the conversation where Fred did not follow the guidelines for communicating effectively and indicate which guideline he did not follow.

6. *(1) did not seek more information or agree with speaker*

For each of the following statements, give an active listening response. (2)

Statement	Active Listening Response *(for example)*
"I wish my husband understood Daniel's problem better. He says the reason Daniel can't do more is because I baby him."	7. *you feel if your husband understood Daniel's problem better, he wouldn't blame you*
"I wish the Joneses would show more appreciation for what I do for their kid. I'm working my head off and they just complain."	8. *they don't appreciate how hard you're working to provide a good program*

For each of the following situations, give two possible modifications of the setting and an appropriate I-message (3,4)

Situation	2 Possible Modifications of Setting *(For example)*	I-Message *(For example)*
You keep a jar of coffee in your desk drawer. Although you've never seen anyone use it, the jar is emptying very quickly.	9. *keep drawer locked* 10. *bring thermos of coffee*	11. *when people use my coffee without my permission, I get annoyed because I have to continually pay for someone else's coffee break*
Mrs. F. enjoys talking with you when you work with Bettina. Lately it has been difficult to focus on Bettina because Mrs. F. has so much she wants to discuss.	12. *involve social worker* 13. *increase number of sessions*	14. *when we spend so time talking during Bettina's session, we don't have much time to work with her. I'm concerned that it may be slowdown her progress*

TEACHING PRESCHOOL SPECIAL EDUCATION ASSISTANTS TO WORK WITH CHILDREN FROM BIRTH TO SIX: A CURRICULUM

CURRENT ISSUES AND TRENDS IN SPECIAL EDUCATION

Primary Author

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MODEL INFANT AND TODDLER PROJECT

Department of Psychiatry

Dartmouth Medical School

Instructor's Guide

Overview

This unit introduces the student to some current issues and trends in special education to which a preschool special education assistant is most likely to be exposed.

Prerequisites

For the Instructor - The instructor should have a master's degree in Special Education.

For the Student - None

Time Needed

Approximately 6 hours.

Materials Needed

1. To be duplicated for each person:
   - Assignments
2. Other materials:
   - Assigned readings
   - Filmstrip: P.L. 94-142 - The Education for All Handicapped Children Act (filmstrip for parents) (Reston, Va.: The Council for Exceptional Children, 1976)
   - Filmstrip projector and screen

Physical Arrangements Needed

A classroom in which chairs can be arranged in a circle or horseshoe to facilitate discussion

A room which can be darkened for the filmstrip.

Objectives

1. The student will be able to identify examples of the following terms:
   - a. least restrictive placement
   - b. "right to know"
   - c. "right to decide"
   - d. normalization
   - e. accountability
   - f. advocacy
   - g. early intervention

2. The student will be able to describe at least 3 criticisms of traditional labeling and classification systems.

3. The student will be able to explain the importance of integration in relation to normalization.

4. The student will be able to describe at least 2 educational requirements of P.L. 94-142.

5. The student will be able to describe the two basic assumptions underlying children's movement within Deno's framework of educational placement.

6. The student will be able to describe the continuum of settings described in Deno's framework, and relate his/her own facility to this continuum.

7. The student will be able to describe any modifications made in his/her facility to eliminate architectual barriers, and describe any others which need to be made.

8. The student will be able to summarize the business agenda of a local advocacy group.

Outline

I. History of services for persons with handicaps
   - A. Attitudes towards persons with handicaps
   - B. Educational services: 1850 to present
     - 1. exclusion
     - 2. inadequate educational programs
     - 3. labeling and classification

References: Abeson, A. & Zettel, J., 1977, pp. 115-121.
Dunn, L., 1973, pp. 16-24 , 39-45.
Foster, G.G., et al., 1975, pp. 469-473.
Hobbs, N., 1975, pp. 3-61.
L'Abate, L. & Curtis, L., 1975, pp. 10-14.
Melcher, J.W., 1976, pp. 126-129.
Menolascino, F., 1977, pp. 62-70.
Safford, P.L., 1978, pp. 290-306.
Smith, R. & Neisworth, J., 1975, pp. 144-154.

II. Significant legislation regarding persons with handicaps
   - A. Landmark lawsuits
   - B. Public Law 94-142, the Education for all Handicapped Children Act of 1975 (CED Filmstrips)
     - 1. right guaranteed to children with handicaps and their families to a free and appropriate public education
     - 2. responsibilities of the educational agency

C. Section 504 of the Vocational Rehabilitation Act of 1973, Public Law 93-112.

References: Abeson, A. & Zettel, J., 1977, pp. 121-128.
Ballard, J. & Zettel, J., 1977, pp. 177-189.
Ballard, J. & Zettel, J., 1978, pp. 333-337.

III. Some important current issues and trends in special education
  A. Normalization
  B. Screening
  C. Early intervention
  D. Accountability
  E. Efficacy

References: Bronfenbrenner, U., 1975, pp. 449-475.
Connor, F.P., et al. (Eds.), 1978, pp. 25-29.
Ellis, N.E. & Cross, L., 1977, pp. 75-96, 107-126.
Menolascino, F.J., 1977, pp. 70-100, 294-328.
Safford, P.L., 1978, pp. 252-270.
Simeonsson, R.J. & Wiegerink, R., 1975, pp. 474-481.
Smith, R., & Neisworth, J., 1975, pp. 262-269, 286-295.
Turnbull, H.R., 1975, pp. 427-433.
Wolfensberger, W., 1972, pp. 26-30.
Zehrbach, R.R., 1975, pp. 76-83.

IV. Reflections of current issues and trends in special education services
  A. Concept of least restriction placement
  B. Deno's framework for educational placement
  C. Early intervention and preschool programs
  D. Developing and implementing an individual educational plan
  E. Emerging definition of special education
  F. Importance of professionals and paraprofessionals
  G. Relationship of educational programs to other services for the child and family
  H. Advocacy efforts
  I. Supportive associations and organizations

References: Allen, K.E., 1977, pp. 34-41.
Braun, S.J. & Lasher, M.G., 1978, pp. 101-121.
Biklen, D., 1976, pp. 308-313.
Connor, F.P., et al. (Eds.), 1978, pp. 25-42.
Dunn, L.M. (Ed.), 1973, pp. 13-62.
Fallen, N.H. & McGovern, J.E., 1978, pp. 329-354.
Hayes, J. & Higgins, S.T., 1978, pp. 267-273.
Lillie, D.L., 1975, pp. 1-15.
Meisels, S.J., 1977, pp. 1-21.
Smith, R.M. & Neisworth, J.T., 1975, pp. 10-13, 269-283.

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Abeson, A. & Zettel, J. The end of the quiet revolution: the education for all handicapped children act of 1975. Exceptional Children. 1977, 44(2), 115-121.

Allen, K.E. The least restrictive environment: implications for early childhood education. Educational Horizons. 1977, 56(1), 34-41.

Ballard, J. & Zettel, J.J. Fiscal arrangements of Public Law 94-142. Exceptional Children. 1978, 44(5), 333-337.

Ballard, J. & Zettel, J.J. Public Law 94-142 and Section 504: what they say about rights and protections. *Exceptional Children*. 1977, 44(3), 177-189.

Biklen, D. Advocacy comes of age. *Exceptional Children*. 1976, 42(6), 308-313.

Braun, S.J. & Lasher, M.G. *Are you ready to mainstream?* Columbus, Oh.: C.E. Merrill, 1978.

Bronfenbrenner, U. Is early intervention effective? In Friedlander, B.Z., Sterritt, G.M. and Kirk, G. H. (Eds.). *The exceptional infant*. New York: Brunner/Mazel, 1975.

Connor, F.P., Williamson, G.G. & Siepp, J. (Eds.) *Program guide for infants and toddlers with neuromotor and other developmental disabilities*. New York: Teachers College Press, 1978.

Dunn, L.M. (Ed.) *Exceptional children in the schools*. New York: Holt, Rinehart & Winston, 1973.

Ellis, N.E. & Cross, L. (Eds.) *Planning programs for early education of the handicapped*. New York: Walker Co., 1977.

Fallen, N.H. & McGovern, J.E. *Young children with special needs*. Columbus, Oh.: C.E. Merrill, 1978.

Foster, G.G., Ysseldyke, J.E. & Reese, J.H. "I wouldn't have seen it if I hadn't believed it." *Exceptional Children*. 1975, 41(7), 469-473.

Hayes, J. & Higgins, S.T. Issues regarding the IEP: teachers on the front line. *Exceptional Children*, 1978, 44(4), 267-273.

Hobbs, N. *The futures of children*. Nashville, Tn.: Vanderbilt University, 1975.

L'Abate, L. & Curtis, L. *Teaching the exceptional child*. Philadelphia: W.B. Saunders, 1975.

Lillie, D.L. *Early childhood education*. Chicago: Science Research Associates, 1975.

Meisels, S.J. *First steps in mainstreaming*. Medford, Ma.: Eliot-Pearson Children's School, 1977.

Melcher, J.W. Law, litigation, and handicapped children. *Exceptional Children*. 1976, 43(3), 126-129.

Menolascino, F.J. *Challenges in mental retardation: progressive ideology and services*. New York: Human Sciences Press, 1977.

Safford, P.L. *Teaching young children with special needs*. St. Louis: C.V. Mosby, 1978.

Simeonsson, R.J. & Wiegerink, R. Accountability: a dilemma in infant intervention. *Exceptional Children*. 1975, 42(7), 474-481.

Smith, R.M. & Neisworth, J.T. *The exceptional child*. New York: McGraw Hill, 1975.

Turnbull, H.R. Accountability: an overview of the impact of litigation on professionals. *Exceptional Children*. 1975, 42(6), 427-433.

Wolfensberger, W. *The principle of normalization in human services*. Toronto: National Institute on Mental Retardation, 1972.

Zehrbach, R.R. Determining a preschool handicapped population. *Exceptional Children*. 1975, 42 (2), 76-83

Suggested Assignments

Readings:
Smith, R.M. & Neisworth, J.T., pp. 6-13, 144-154, 262-295.

Activities:

1. Briefly define the following terms: (1)
   a. advocacy
   b. normalization
   c. accountability
   d. least restrictive placement

2. Explain one reason why disability categories are felt to be educationally irrelevant. (2)

3. Explain what is meant by a "negative halo" on a child. (2)

4. How may a teacher's expectation alter a student's behavior? (2)

5. Based on your reading, describe 2 ways in which negative labels may affect face to face personal interactions. (2)

6. Describe 2 educational requirements regarding children with handicaps as stated in P.L. 94-142. (4)

7. Within Deno's model of educational placement:(5)
   a. Explain the two assumptions regarding children's movement
   b. Why are these two concepts important to remember when placing children?

8. Using Deno's framework: (6)
   a. Define the level to which your agency is most similar.
   b. Describe two features of your agency which make it appropriate for this level.

9. Give one reason to support the need for social integration of persons with handicaps. (3)

10a. Describe any modifications which have been made in your facility to eliminate potential architectural barriers.
  b. Describe any barriers which exist in your facility which might exclude a child from being placed there. (7)

11. Attend a meeting of a local advocacy group (A.R.C., A.C.L.D., etc.). Write a brief summary of its agenda, including any group activities which support the rights of persons with handicaps. (8)

Suggested Test Questions

Indicate which of the following statements are true or false by checking the appropriate line.

T F

___ ___ 1. Knowing a teacher's expectations for a child often suggests how she will behave toward the child. (2)

___ ___ 2. A child should be moved to a more restrictive placement when the school system feels it is necessary. (4)

___ ___ 3. Normalization is best accomplished when persons with handicaps are socially and physically integrated into a normal environment. (3)

___ ___ 4. When a child with a handicap has an appropriate individual educational plan, s/he will become integrated into a regular classroom. (3)

___ ___ 5. P.L. 94-142 states that the instructor is responsible if a child does not master IEP goals. (4)

___ ___ 6. According to Smith & Neisworth (1975), categorical labels based on the child's disability have been found to be of little assistance to educators. (2)

Match each of the terms to an appropriate example: (1)

a. right to know
b. accountability
c. right to decide
d. advocacy
e. normalization
f. least restrictive placement
g. early intervention

___ 7. Equipment is available so that persons in wheelchairs can swim in the community pool at all times.

___ 8. A preschool program keeps records to show what changes the children have made as a result of participating in the program.

___ 9. Mr. and Mrs. Smith receive a copy of their child's assessment report and discuss its content with the team representative.

___ 10. Mr. and Mrs. Jones are not satisfied with the educational program suggested by the school evaluation team. They request that an alternative plan be designed.

___ 11. The assessment team decided that Carol's needs could be better met if she were bussed to a special class at the development center rather than receiving homebound instruction.

___ 12. A group of parents of children with disabilities meet on a regular basis to discuss how they can get a preschool program started in their area.

___ 13. Arnold's parents sought help for him at two months of age so that he could proceed at as normal a developmental rate as possible.

What are the two assumptions regarding children's movement within Deno's model of educational placement? (7)

14.

15.

Suggested Test Questions

Indicate which of the following statements are true or false by checking the appropriate line.

T F

_x_ ___ 1. Knowing a teacher's expectations for a child often suggests how she will behave toward the child. (2)

___ _x_ 2. A child should be moved to a more restrictive placement when the school system feels it is necessary. (4)

_x_ ___ 3. Normalization is best accomplished when persons with handicaps are socially and physically integrated into a normal environment. (3)

_x_ _x_ 4. When a child with a handicap has an appropriate individual educational plan, s/he will become integrated into a regular classroom. (3)

___ _x_ 5. P.L. 94-142 states that the instructor is responsible if a child does not master IEP goals. (4)

_x_ ___ 6. According to Smith & Neisworth (1975), categorical labels based on the child's disability have been found to be of little assistance to educators. (2)

Match each of the terms to an appropriate example: (1)

a. right to know
b. accountability
c. right to decide
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e. normalization
f. least restrictive placement
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_e_ 7. Equipment is available so that persons in wheelchairs can swim in the community pool at all times.

_b_ 8. A preschool program keeps records to show what changes the children have made as a result of participating in the program.

_a_ 9. Mr. and Mrs. Smith receive a copy of their child's assessment report and discuss its content with the team representative.

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_d_ 12. A group of parents of children with disabilities meet on a regular basis to discuss how they can get a preschool program started in their area.

_g_ 13. Arnold's parents sought help for him at two months of age so that he could proceed at as normal a developmental rate as possible.

What are the two assumptions regarding children's movement within Deno's model of educational placement? (7)

14. *(for example) Children should not be moved downward in the system unless it is necessary and documentation supports such a move.*

15. *(for example) Children should move upward in the system as far and as quickly as possible.*